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ABSTRACT

This qualitative study investigated individual, contextual, and cultural factors that promote trauma-related resilience and positive growth among Cambodian survivors of the Pol Pot regime who reside in Phnom Penh, Cambodia and Lowell, Massachusetts. A thriving paradigm framed semi-structured interviews that were conducted with 21 Cambodians in Phnom Penh and 21 Cambodians in Lowell. This study reports on the use of the Stress Related Growth Survey, the Posttraumatic Growth Inventory, and the Thriving Scale in examining determinants of stress-related positive outcomes for Cambodian survivors. Content analysis was used to analyze case study data for significant predictors of thriving as well as cultural definitions of thriving and what resources support beneficial processes for Cambodians. Optimism, social support, self-reliance, access to education, and use of Buddhist principles were the major types of predictors of stress related growth, resilience, and thriving identified from the analysis. Cambodian participants reported that coping strategies played both a role in basic survival and later in transforming their profound losses and challenges into strengths. All participants reported that integrating a cultural context in community programs, social resources, and health services are important factors, which support healing and encourage positive growth outcomes for Cambodians. (Contains 51 references.) (Author/JDM)

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Pathways of Thriving and Resilience:
Growth responses to adversity and trauma in two Cambodian communities:
A comparative study between Lowell, Massachusetts and Phnom Penh, Cambodia

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1994

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Abstract

This qualitative study investigated individual, contextual, and cultural factors that promote trauma related resilience and positive growth among Cambodian survivors of the Pol Pot regime who reside in Phnom Penh, Cambodia and Lowell, Massachusetts. A thriving paradigm framed semi-structured interviews that were conducted with twenty-one Cambodians in Phnom Penh and twenty-one Cambodians in Lowell. This study reports on the use of the Stress Related Growth Survey (SRGS), the Posttraumatic Growth Inventory (PTGI) and the Thriving Scale (TS) in examining determinants of stress-related positive outcomes for Cambodian survivors. Interview content, based on these three instruments was culturally modified to explore factors of stress-related positive outcomes. Content analysis was used to analyze case study data for significant predictors of thriving as well as cultural definitions of thriving and what resources support beneficial processes for Cambodians. Optimism, social support, self-reliance, access to education, and use of Buddhist principles were the major types of predictors of stress related growth, resilience, and thriving identified from the analysis. Cambodian participants reported that coping strategies played both a role in basic survival and later in transforming their profound losses and challenges into strengths. All participants reported that integrating a cultural context in community programs, social resources and health services are important factors which support healing and encourage positive growth outcomes for Cambodians.

Chapter 1

INTRODUCTION

During the last several decades, the international aid community has responded to the aftermath of numerous civil wars. Responding to psychological stress and disrupted systems of support has been a challenging aspect of this task. Numerous organizations and researchers are investigating how individuals and communities are affected by wars; they are investigating the relationship among social conflict and psychosocial distress and cross-cultural responses (Marsella, Friedman, Gerrity, & Scurfiled, 1996; Marsella, Bornemann, Ekblad, & Orley, 1994; Nader, Dubrow, & Stamm, 1999; and Utting, 1994).

Challenges faced by the international community are many. They include how to create a balance between culturally ingrained methods of coping and external, often foreign strategies; how to empower natural but damaged support systems; and how to fully understand refugee coping processes. In response to these challenges, investigators have begun to engage in a learning process that integrates the centrality of culture that investigate methods of indigenous healing that examines how suffering and illness are perceived, and that considers how traumatic stress is affected by a range of micro to macro conditions such as individual characteristics, family relationships, socio-economic factors, cultural influences, and community resources.

Considering the emerging cross-cultural challenge reflected in the refugee experience, the research reported here was designed to investigate the ways that Cambodians are coping with multiple adversities and trauma. Through this work we will investigate what resources were helpful in recovery and life rebuilding processes, and identify stress-related growth outcomes that facilitate resilience and thriving. The goal of this research was to assess perceptions and factors of resilience and thriving among Cambodians in Phnom Penh and Lowell. Enhanced understanding of paths taken by individuals who exhibit Cambodian resilience will be shared with the Lowell community and be used to suggest roles that community and social psychologists can take in training and program development.

This report is based on field research conducted in Phnom Penh, Cambodia and Lowell, Massachusetts over a period of eight months from July 1999 to February 2000. It draws on both primary and secondary Cambodian interviews and resources. Forty-two Cambodians, identified as resilient, were interviewed to gather in depth primary information about their coping strategies and mediating influences that resulted in new personal strengths. The verbatim transcripts were analyzed to identify themes pertinent to stress related growth. In addition, twelve Cambodian secondary resources contributed material and information relative to a Cambodian context and views on Cambodian psychosocial issues.

As is perhaps the case with any single study, the findings are partial rather than comprehensive. In the following chapter, theoretical assumptions relevant to refugee trauma and resilience are outlined. In Chapter 3, an explicit description of the procedures for this study is presented. Chapter 4 summarizes the study's main findings, which is followed by a discussion of the results in Chapter 5. The concluding section suggests future research and constructive roles for community and social psychologists.

Chapter 2

LITERATURE REVIEW

The last century has been one of the most violent ever experienced by our global community. Twentieth century atrocities have marked numerous generations with destruction and sorrow. Conflict stemming from ethnic, religious and political differences echo through war torn countries such as Bosnia, Kososvo, Yugoslavia, Rwanda, Sierra Leone, Guatemala, Ireland, Nazi Germany, Vietnam, and Cambodia's Killing Fields. These world events over the last century have led to a rising tide of refugees that is unparalleled in historical scope.

In 1996, it was estimated that there were over twenty-three million refugees and an additional twenty-six million internally displaced persons (Daneli, Rodley, & Eisaeth, 1996). The majority of these refugees are women, children and victims of rape, torture, disease, and starvation. Entire populations have survived initial violations of human rights only to suffer long-term struggles with day-to-day survival. Surviving the losses of everything valued in life (not the least of which are treasured family relationships) profoundly affects the survivor. Typically, short-term assistance is available for refugees and targets temporary life sustaining needs such as food, housing, clothing, and medical care and resettlement aid. Long-term assistance (especially in terms of psychological or social support) is often much more limited. Yet responding appropriately to the long-term needs of traumatized victims holds implications for host communities that eventually become home to refugees.

Recent research as well as new refugee programs are attempting to develop more culturally appropriate models and guidelines to enhance community responses and capacity to meet the needs of refugees (Boyden & Gibbs, 1997; Utting, 1994, and Mollica, Wyshak, & Lavelle, 1987). In response to burgeoning refugee needs, there is a growing global network of organizations that are concerned with mental health and psychological effects of refugee victimization. The World Federation for Mental Health, the United Nations, the World Association for Psychosocial Rehabilitation, the International Society for Traumatic Stress Studies, the Indochinese Psychiatric Clinic and the Harvard Program in Refugee Trauma represent some of the organizations that are seeking to develop meaningful research, theoretical frameworks and culturally appropriate training models for refugee assistance.

Even though the "plight of the refugee is a universal and historical story," communities such as Lowell (host community to the second largest Cambodian community in the United States) can learn important lessons from current developments in the field of refugee programs (Higgins & Ross, 1986, p. 8). Central among the emerging lessons are the moves beyond "victim" labeling. Typically refugees of war torn countries have been thought of as victims. However, an important perspective that has not received enough emphasis is that which views survivors from the perspective of strength rather than victims. The recent "Guideline for Evaluation and Care of Victims of Trauma and Violence" published by the United Nations Health Committee for Refugees (UNHCR, 1993) presents two key themes relevant to this notion of survivor strength:

- **Theme One:** Pathologizing or labeling refugee responses to traumatic experiences as abnormal is not helpful.

- **Theme Two:** The majority of refugees have the resilience and adaptability to eschew long-term effects of forced displacement and trauma.

These two key themes will be used throughout this literature review to broaden the conceptual framework used in this thesis so that Cambodian refugee survival may be viewed from a perspective of survival strength rather than in terms of the more traditional victim or medicalization of trauma experiences. In the results and discussion section, these themes will be integrated into the notion of multiculturalism in ways that include mental health factors of psychological well being within Cambodian communities such as those found in Lowell, Massachusetts and Phnom Penh, Cambodia.

Pathologizing Refugees

Much research on the refugee experience has directly or indirectly emphasized pathologizing or labeling refugee responses to traumatic experiences. Recent work has attempted to move away from this perspective. Experts across many disciplines agree that refugee experiences and behavior rarely parallel those of non-refugee populations (Marsella et al, 1996; Mollica et al, 1987). Mental health researchers assert that refugee experiences are often so extreme that refugee behaviors are in fact normal responses to abnormal situations (Mollica et al, 1987; Westermeyer, 1981). Viktor Frankl (1984, pp.38), Auschwitz survivor and renowned psychiatrist, asserted, "an abnormal reaction to an abnormal situation is normal behavior." In his view, behavior must be understood as relative to given circumstances and within a larger socio-historic context. Moreover, the majority of refugees have been found to exhibit normal response to abnormal situations with only a small percentage exhibiting neurotic or psychotic behavior (Mollica et al, 1987).

Labeling refugees as abnormal or as social problems has often led to what Ryan (1976) calls "blaming the victim." Ryan proposed that "blaming the victim" occurs as a process of thinking that involves "unintended distortions of reality." Distortions take place when victims of injustice are identified as different as a consequence. These differences are defined as the cause of social problems. Unfortunately, most refugee victims were politically labeled as different in their homelands (e.g., too much education, wrong religion, skin color) and then came to be regarded as political problems that need to be changed (often through torture or extermination).

Concerns about being labeled victims have been voiced by a number of Cambodian Americans. At a recent discussion "Courage and Resiliency: Cambodian Women in America" and exhibit "the Traumatization of Art: Focus on Cambodian America hosted by the Cambridge Multicultural Arts Center, several Cambodian Americans said, "Please do not look at us as victims. See the person behind the trauma" (Cambridge Panel discussion, 11/20/99). One panelist poignantly stated, " trauma destroys our personal landscape but the landscape isn't just trauma." Seeing only the trauma denies the rich additional characteristics that exist in the personal or psychological landscape of refugees. Labeling refugees as victims exacerbates personal and cultural identity struggles and may also foster a form of insidious racism. Labeling refugees as victims supports a "vulnerability or deficit model" of trauma.

Understanding rather than labeling or pathologizing refugee trauma responses is likely to lead to better relationships and positive outcomes. The challenge to appropriately define normal (versus abnormal) responses to what are abnormal situations is further complicated by differences in culture. The following section briefly discusses

Cambodian refugee trauma and reviews some of the methods and models currently being used to examine trauma and define and diagnose mental health in ways that acknowledge cultural differences.

Trauma

Refugee trauma includes physical and material damage and loss that leads to mental anguish. For example, a Cambodian interviewed in Phnom Penh stated, "Sometimes I dream of the bombing and remember what happened during the war. It's very hard to forget, we were affected physically, psychologically, materially, and everything that is of value in life" (Cambodia interview, 1999). In addition to visible trauma there is the less visible mental trauma. A Cambodian survivor tells how she was taken with forty other young girls to "die by having our lungs, livers, and spleens cut out for the Khmer Rouge to eat. But each time we were taken, I was at the end of the line, the baskets filled up with young girl's organs. People became full, so I was lucky" (Cambodia interview, 1999). This woman escaped impending physical destruction yet continues to be imprinted with memories of her experience. For many "normal" refugees, the after effects of physical, material and mental traumas include psychological stress.

Refugee psychosocial trauma may result in psychological stress. This type of stress is often categorized as Posttraumatic Stress Disorder (PTSD). Around 1980, this "survivor syndrome" was first used to describe American war veteran symptoms and the syndrome was classified as PTSD in the Diagnostic and Statistical Manual of Mental Health Disorders (DSM-III; American Psychiatric Association, Third Edition, 1980, p. 236-238). DSM IV (1994). PTSD is described as a pattern of behavioral responses that occur after extremely stressful events (e.g. fires, hurricanes, earthquakes, torture, rape, military combat and terrorist bombing). The study of PTSD is relatively new but has already led to a clear articulation of patterns including: disturbing recollections, avoidance reactions, denial, numbing, hyper arousal, depression, anxiety, panic attacks, sleep disturbance, helplessness, and nightmares (DSM IV, 1994).

The classification PTSD has been valuable in some ways, but is also increasingly recognized as a potentially eurocentric classification of trauma symptoms. In particular, cross-cultural researchers have begun to debate the applicability of Western diagnostic standards for Southeast Asian populations (Marsella, Friedman, Gerrity, & Scurfield 1996; Mollica et al., 1991; Westermeyer, 1985). Culture and ethnicity appear to have major impacts on definitions of pathology and normality. A cultural frame of reference appears to be necessary to define what is considered healthy and what are possible solutions to stress arising from traumatic experiences. Many studies have shown that ethnic groups differ in their experience of pain, how they communicate their pain, attitudes towards helpers/ healers and what is the expected or desired treatment (Giordano & Giordano, 1977; Harwood, 1981; Mollica et al, 1991; Marsella et al., 1996). Major cultural gaps exist in Western therapeutic and intervention models of PTSD. In addition, there is a paucity of research that examines psychosocial adaptability of Southeast Asian refugees who have come to America.

One of the nation's first refugee mental health clinics, the Indochinese Psychiatry Clinic (IPC) was established in 1981 to respond to unmet needs of the Southeast Asians residing in the Brighton area of Boston. This group in association with the Harvard University and the Harvard Program for Refugee Trauma (HPRT) developed a multidimensional, interdisciplinary model and a bi-cultural approach to refugee mental health issues. Pioneering this field, their international efforts have resulted in significant contributions to cross-cultural understanding of physical and psychological consequences of forced migration, massive ethnic violence, and abuses of human rights. IPC and HPRT have worked to understand the refugee trauma story from a contextual perspective. Refugee programs that link Khmer traditions with Western medical models have emerged through HPRT extensive research conducted at the largest Cambodian-Thai border camp.

The Harvard Program uses a cross-cultural psychological model that depicts cultural differences in clinical perceptions, definitions, and diagnosis of psychological wellness and pathology (Westermeyer, 1985). This model suggests that cross-cultural methods of diagnosis may show some overlap in defining symptoms and pathology. It has been suggested that Western psychological assessments of Southeast Asians should begin with the area of non-overlap in diagnosis (Westermeyer, 1981). Beginning with culture specific etiology of symptoms would enhance Western attempts to more closely capture and understand multiple realities of illness and health.

In the next few sections I will describe emerging cross-cultural models of diagnostic criteria. The goal of this section is to outline some of the inherent complications that occur when definitions and diagnostic criteria and assumptions are used across divergent cultures.

Cross Cultural Models of Diagnostic Criteria

The following Westermeyer model (1985) attempts to capture inherent complications of cross-cultural diagnosis of mental health issues. As seen below, this model outlines cultural areas of mismatch as well as areas of overlap in definitions of disease and illness. Disparities in worldviews between Southeast Asians and Westerners complicate western standards and criteria for defining disease categories. This diagram shows how healers from different cultures begin diagnosis and treatment from differing perspective based on differing assumptions and values. This model suggests as westerners, we need to question how accurately western healers diagnose and treat symptoms of people from another culture?

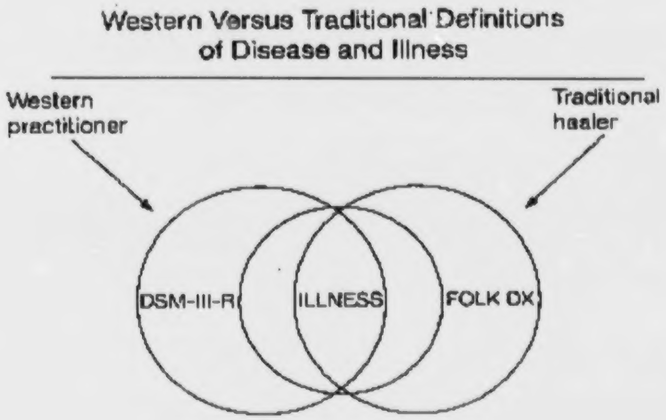


Figure 1: Westermeyer's model, Western versus Traditional Definitions of Disease and Illness, depicts cultural differences that exist when diagnosing illness.

The discrepancies pointed to by Westermeyer are far from unimportant in the impact that they have on families. Culture specific illness and treatment is described in a recent account of a young Hmong girl in Merced, California (Fadiman, 1997). This case illustrates the Westermeyer model and brings to life the mismatch of cultural definitions of illness. In the Merced case, the American medical community diagnosed a young Hmong girl as epileptic and prescribed an ever-changing series of anticonvulsants. The girl's Hmong family, on the other hand, relied on their ancestral beliefs to understand her illness. Under these views, her illness was ascribed to a wandering of her soul called "quang dab peg" which means the spirit catches you and you fall down (pp.20-22). Chaos in treatment occurred because of the mismatch between the Western medical culture and the Hmong perspective. In a time of crisis, the young girl's family clung tightly to Hmong traditions that recommended animal sacrifices as a way to cope with the little girl's condition. Markedly different perspectives were not bridged, resulting in tragedy for this young girl and her family.

Definitions of illness and diagnosis are increasingly recognized as varying according to cultural assumptions and interpretations. Clearly a mental health concern for refugees and survivors requires workable models of treatment, intervention and prevention. Yet, when we begin to investigate refugee experiences from a cross cultural and multi-disciplinary perspectives, a number of questions emerge. For example, in abnormally violent circumstances how do we define what are normal or healthy responses to abnormal circumstances? How do we define wellness in such circumstances with cultural sensitivity that includes cultural definitions? Do we know what is deemed "normal" or "healthy" behaviors under non-trauma conditions in different cultures? If we are unable to delineate baseline "healthy" or "normal" behavior responses, then how can we accurately determine what is "healthy" or "normal" under abnormal conditions? How can we recognize culture specific symptoms associated with refugee traumas? How do we define wellness in such circumstances with cultural sensitivity that includes cultural definitions? How can we recognize culture specific symptoms associated with refugee traumas? As community and social psychologists, how do we promote inter-cultural wellness at the community level?

There are a number of inherent challenges in determining criteria for illness that are applicable to all cultures. This task is similar to identifying and clarifying wellness models that exist in diverging cultures. In order to begin to answer some of these questions regarding both illness and wellness, we need research, case studies, and ethnographic field studies that investigate cultural norms. Unfortunately, there has been limited research attention focused on understanding of specific responses to abnormal and severe traumatic refugee conditions.

Yet since recorded history, philosophers, historians, and authors have written numerous accounts of human triumph over adversity. Along with deleterious effects of trauma, there are others that have been less frequently noted, described and studied. These include positive growth, resilience and thriving effects and responses to trauma and crisis experiences. A recent president of the American Psychological Association asserts that too great an emphasis has been placed on what makes people ill rather than on what makes people healthy or well (Seligman, 1998). He argues that what makes people well is important to understand so that patterns of wellness may be supported in positive ways. The notion that there are important patterns of wellness and resilience that need to be understood is central to the second theme emphasized by refugee resilience and adaptability. This theme will be used to organize additional aspects of the literature.

Refugee Resilience

This theme of refugee resilience and adaptability to multiple adversities is conceptually linked to the concept of psychological thriving. The study of thriving, a relatively new paradigm within psychology, examines the human capacity to learn new strategies that maintain mental health under difficult circumstances. A focus on thriving represents a relatively recent paradigm shift in psychology; within this paradigm thriving is defined as "the effective mobilization of individual and social resources in response to risk or threat, leading to positive mental or physical health outcomes and or positive social outcomes" (O'Leary & Ickovics, 1995, p. 122). Psychological thriving may result in unexpected growth in confidence, knowledge, skills, and a sense of security (Carver, 1998).

Recently proposed theoretical frameworks of thriving also present shifts in perspective and therefore, pose new research questions as well as reframe previous research questions. There has been some groundbreaking research on this phenomenon, however there is a lack of adequate data on thriving among different ethnic communities. For example, there is a paucity of research on protective factors, adaptive behaviors, community resources, and cultural influences on health and psychosocial factors among Cambodians and other cultural communities. Different world-views affect what thriving may signify in different cultures. For purposes of this thesis, I will focus on exploring how an eastern perspective such as that found in Cambodian communities define resilience, thriving and stress-related growth.

This section of the literature review summarizes current themes, research, findings, methodological issues, and major conclusions regarding the thriving construct. First, I will begin by describing some of the conceptual considerations, key concepts, themes and terms used in this type of analysis. Second, I will include a brief review of theoretical development of the thriving construct that includes an ecological perspective of thriving that identifies contextual levels and factors of thriving. Third, I will review methodological issues and findings in recent thriving studies, which focus on implications and applications of the thriving construct for enhancing health outcomes. Fourth, I will summarize major conclusions and then I will analyze how these previous studies relate to this case study. Fifth, I will determine how these previous studies will guide methodological plans for this case study. In the conclusion of this review I will summarize research questions and directions suggested for future study.

Thriving Concepts

Previous research on posttraumatic stress has focused on negative outcomes and on identifying factors that mitigate or lessen stress-related syndromes (Cohen, 1988). Research trends have typically pathologized recovery from stress and trauma processes. However, a shift in research has recently begun to examine "healthy" or "normal responses to abnormal circumstances and how these responses reflect processes of growth induced by personal struggles in coping with difficult circumstances (Tedeschi, 1999). O'Leary and Ickovics (1995, 1998) also shift the typical focus of posttraumatic stress by examining thriving as a "value added model." O'Leary and Ickovics define thriving as "the effective mobilization of individual and social resources in response to risk or threat, leading to positive mental or physical outcomes and/ or positive social outcomes" (1995, p. 122). This definition guided the design of the interviews in this thesis.

The above examples of recent research reflect a shift in thinking from an emphasis on a medical perspective that draws from a "vulnerability/ deficit model to a new model of thriving that examine beneficial growth as co-occurring with stress in healthy ways (Ickovics & Park, 1998). From the latter perspective, thriving represents more than just surviving trauma or a return to a status quo. Recent thriving literature suggests that a stress inoculation may strengthen capacity to cope with new stressors (Seligman, 1998; Meichenbaum, 1985).

This focusing on human strength and competence suggests a revaluation of crisis experiences to better understand the processes by which positive growth follows from stressful events. It is most important that we understand survivors from other cultures and how they have managed to develop new strengths in the face of extreme trauma. Previous studies on thriving have left this important cultural component. Currently, two key themes on thriving are emerging from recent literature and research that are relevant to the cultural scope and focus of this thesis:

Theme 1: Challenge, adversity and or crisis provide a catalyst for positive growth and the potential for enhanced well being (Carver, 1998; Ickovics & Park, 1998; Tedeschi & Calhoun, 1998).

Theme 2: Contexts of thriving include socio-cultural, situational, temporal and interpersonal factors that influence macro to micro levels of responses to adversity (Abraido-Lanza et al., 1998; Blankenship, 1998; Ickovics & Park, 1998).

These themes serve as key background explored in this thesis. From an ecological perspective, examining resilient and thriving responses in two Cambodian communities afford a view of the intertwined operation of social, situational and temporal factors. Nonetheless, discovering why some people experience thriving while others are harmed given the same trauma or crisis event remain a complex question. However, from a community and social psychology perspective, it is critical to examine which community-level variables support resilient and thriving outcomes. As community and social psychologist, it is imperative in recent immigrant and refugee communities that we clarify the roles we might fulfill so that community and social resources will contribute to thriving and stress-related growth outcomes.

Theoretical Models of Thriving

This section presents a brief review of theoretical models of thriving along with a short description of some dynamics believed to underlie thriving dynamics. Each of the following four models captures a view of the processes of change hypothesized to occur in response to unexpected stressful events. The models presented here describe unintentional as well as intentional change in response to unexpected tragedies. Each model is presented with a diagram depicting the key features of the framework.

The first thriving model in Figure 2 shows a pattern of Life Crisis and Personal Growth that highlights the role of life crisis as a catalyst for personal growth (Schaefer & Moos, 1992). This conceptual model postulates that personal and environmental variables or systems shape the aftermath of a crisis life event. Strong empirical support exists for this model. Research findings using this model have provided evidence that problem-focused responses and social support are linked to capacity to thrive following stressful circumstances.

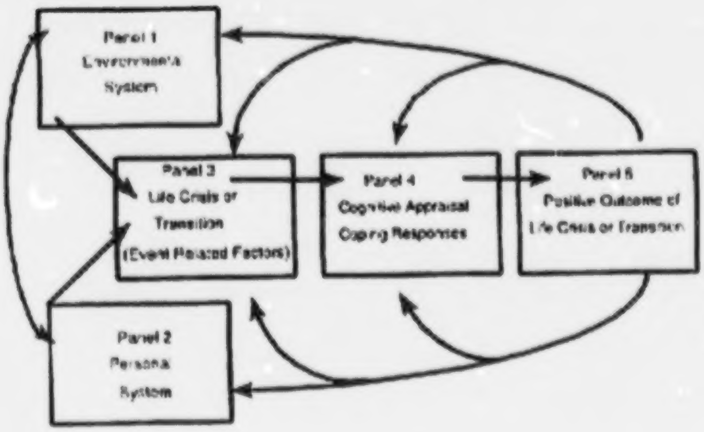

Panel 1
Environmental
System
Panel 3
Life Crisis or
Transition
(Event Related Factors)
Panel 4
Cognitive Appraisal
Coping Responses
Panel 5
Positive Outcome of
Life Crisis or Transition
Panel 2
Personal
System

Figure 2: Schaefer and Moos (1992) Model of Life Crisis and Personal Growth

In figure 3, the Resilience and Thriving model developed by O'Leary and Ickovics (1995), show three possible outcomes following a challenge and are depicted as: survival, recovery, or thriving. O'Leary and Ickovics (1995) describe thriving as a transformative process that can be enhanced by individual and social resources. In addition, these researchers argue that if one achieves a certain level of thriving, then this new level represents more than just a return to status quo or previous level.

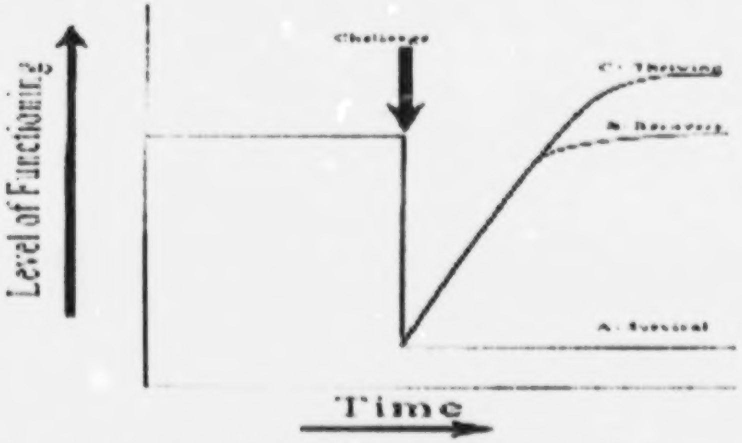
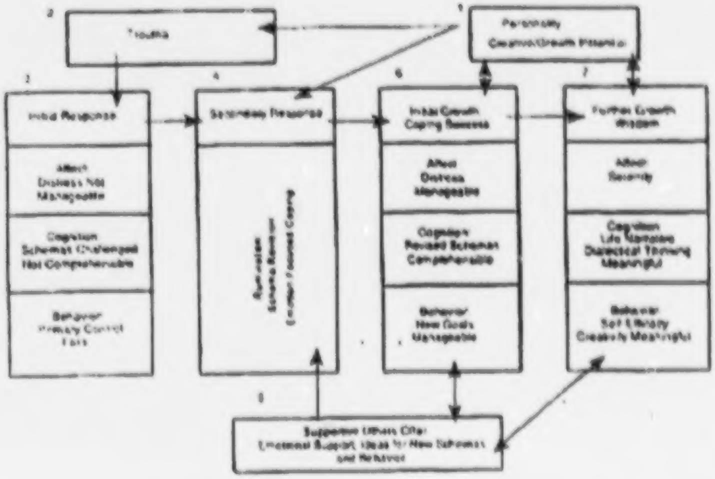


Figure 3: O'Leary and Ickovics (1995) Resilience and Thriving model.


1
Personality
Creative/Growth Potential
2
Trauma
3
Initial Response
Affect
Distress Not
Manageable
Cognition
Schemas Challenged
Not Comprehensible
Behavior
Primary Control
Fails
4
Secondary Response
Rumination
Schema Revision
Emotion Focused Coping
6
Initial Growth
Coping Success
Affect
Distress
Manageable
Cognition
Revised Schemas
Comprehensible
Behavior
New Goals
Manageable
7
Further Growth
Wisdom
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Security
Cognition
Life Narrative
Dialectical Thinking
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Creativity Meaningful
5
Supportive Others Offer
Emotional Support, Ideas for New Schemas
and Behavior

Figure 4: Tedeschi and Calhoun (1995) Trauma and Transformation model.

The Trauma and Transformational model (Tedeschi & Calhoun, 1995)

Aldwin's (1994) Transformational Coping model attempts to show that both positive and negative affects may be experienced simultaneously. This model (see in figure 5) stresses the beneficial gain that can occur as a result of coping with a stressful event. The model attempts to explain the co-occurrence of beneficial growth while stresses from trauma remain. Rather than either a simplistic or reductionistic outcome, this model shows that levels of both higher and possibly lower functioning co-exist.

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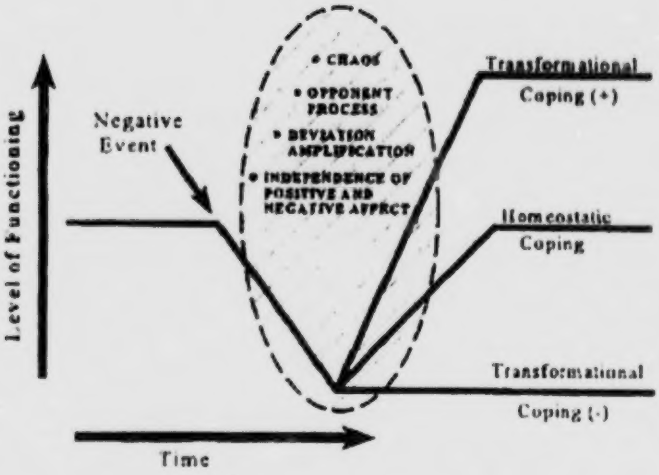
Level of Functioning
Negative Event
• CHAOS
• OPPONENT PROCESS
• DEVIATION AMPLIFICATION
• INDEPENDENCE OF POSITIVE AND NEGATIVE AFFECT
Transformational Coping (+)
Homeostatic Coping
Transformational Coping (-)
Time

Figure 5: Aldwin (1994) Transformational Coping Model.

The four theoretical models of thriving briefly summarized above demonstrate various change processes that are expected to occur in response to crisis and trauma experiences. All models presented here share in common a view of crisis as a potential catalyst for positive growth outcomes. The majority of these models show how both individual and situational factors (such as access to resources) play roles that affect processes of response, change and positive growth outcomes. Both the Schaefer and Moos (1992) model of Life Crisis and Personal Growth and the Tedeschi and Calhoun (1996) Trauma and Transformation model integrate secondary factors from the environment and support system as key factors that may contribute to positive growth potentials. The models presented here correlate well with an ecological perspective that integrates macro and micro levels of individual and environmental factors of stress related growth. Two of the models also show that it is possible for negative and positive responses to co-occur. However, what is missing from these models is a cross-cultural examination of refugee trauma. The models outlined here will be used to assess results

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from this thesis inquiry of Cambodian trauma and growth and will be reported on in the discussion section. The next section will briefly highlight recent thriving research in terms of summarizing thriving construct issues, major conclusions and suggested ongoing research questions.

Literature Summary

One of the most consistent findings in the thriving is that people with high levels of hope and optimism are more likely to report positive stress-related growth (Park, Cohen, & Murch, 1996; Tedeschi & Calhoun, 1996; Affleck & Tennen, 1996). Relationships between stress-related growth and religiousness or spirituality, strong social support and personal hardiness have also been repeatedly reported in recent research (Park et al., 1996; Carver, 1998; Tedeschi & Calhoun, 1996). It has also been found that women are more likely to report more experiences of stress-related growth than are men (Park et al., 1996; Tedeschi & Calhoun, 1996).) In addition, cognitive appraisal and active, problem-focused coping processes have been linked to positive growth processes that follow a stressful event (O'Leary & Ickcovics, 1995; Tedeschi & Calhoun, 1996). In sum, recent findings in thriving studies focus on implications and applications of the thriving construct for enhancing health outcomes agree that a better understanding of the thriving processes has implications for preventative measures and interventions.

Some researchers conclude that trauma and crisis experiences cause people to become more vulnerable when they subsequently face future or additional stresses. Other researchers disagree with notions found in a vulnerability/ deficit models and instead propose a resilient/ thriving model which argues that people who cope with beginning traumas begin to build strength to cope with additional traumas (Garmezy & Rutter, O'Leary & Ikcovics, 1995). Despite the focus on positive growth outcomes, some researchers caution that assumptions that positive growth will follows trauma experiences may aversely affect refugee survivors and make some feel deficient. Refugee help seeking behavior may be discouraged (Danieli, Rodley, & Eisaeth, 1996).

Numerous researchers (Carver, 1998; Ickovics & Park, 1998; O'Leary, V., 1998; Tedeschi & Calhoun, 1998) assert that further study is needed that would test and develop new methodologies that explain positive outcomes to difficulty. In addition, theoretical models are being called for that include cultural pluralism in order to increase cross-cultural validity. Such models will allow for interventions emerging from research that are linked to cultural traditions and beliefs (Mollica et al, 1991). Recent research also suggests directions for future lines of work that include the following: (a) increase investigation of individual differences and situational/ contextual variables of thriving phenomenon (Carver, 1998), (b) identify pathways used by individuals to reestablish equilibrium after trauma experiences and what supportive resources help with this process (Park, 1998) and (c) the issue of an ethnocentric bias in conceptualization and measurement for both PTSD and thriving requires further examination (Marsella et al., 1999).

Clearly, ongoing questions continue to shape studies examining the nature and consequences of thriving. As researchers continue to grapple with conceptual and methodological issues, there are opportunities for community and social psychologists to become better informed in ways that can enhance program planning and development. As we more fully understand why some thrive while others do not, we could use this understanding to build community capacities and appropriate resources that meet needs of our growing number of refugee communities. (Carver, 1998; Icovics & Park, 1998).

In this thesis research it was my goal to better understand refugee well being in terms of thriving by describing culturally appropriate resources that support healthful processes and positive growth following stressful experiences. Furthermore, this investigation allowed me to explore how community and social psychologists might work more closely with medical doctors, primary health care providers, psychiatric professionals and Khmer trained healers in order to more effectively support positive growth processes related to trauma experiences.

These previous studies examined adaptation to crisis from a perspective quite similar to the perspectives of community and social psychology. These current models of thriving guided and shaped my analysis of Cambodian resilience and thriving and suggested the following lines of investigation for this thesis inquiry:

1) Clarify socio-cultural factors of Cambodian resilience and thriving
2) Explore Cambodian interpretations and perspectives of resilience and thriving
3) Investigate Cambodian community and social supports that are found to be helpful
4) Explore protective factors and cultural pathways that may enhance Cambodian well-being

Integrating previous research, the current study begins with a description of the two communities; Phnom Penh, Cambodia and Lowell, Massachusetts that were the settings for the thriving and resilience interviews. Following the community descriptions is a brief socio-historical perspective of Southeast Asian culture, an overview of

Buddhism, a discussion of the research issue and purpose of the purpose of this thesis research.

The Current Study

Phnom Penh, the capital of the Kingdom of Cambodia since the fifteenth century, is located at the confluence of the Mekong River, Tonle Sap River and Bassac River. During a Phnom Penh interview (1999), a woman said that, "Before the Khmer Rouge, Cambodia was a land of plenty, with plenty of food and a rich heritage. We had plenty of natural resources and cultural values. There was no prostitution." When the Khmer Rouge entered the Phnom Penh in 1975, they evacuated the entire city, telling people that they would only be leaving for a few days because the Americans were going to bomb the city. After the forced mass exodus, people were "left with nothing, without essentials to survive" (Phnom Penh interview, 1999). Many were forever separated from their families during the evacuation. During the Pol Pot regime from 1975-1979, the Tuol Sleng high school in Phnom Penh was used as a torture and execution center of the Khmer Rouge. After the Khmer Rouge were over thrown by the Vietnamese soldiers in 1979 Cambodians eventually returned to the city. Many Cambodians say that the aftermath of the war was just as bad or worse than the Khmer Rouge. Everything had been destroyed, people were starving, villages continued to be attacked by the Khmer Rouge until 1991, many were internally displaced without shelter or health care and died. Rebuilding the city through international assistance, Cambodians have turned Tuol Sleng into a sobering museum and memorial to those who lost their lives while in confinement. A few kilometers outside the main city is the "Killing Fields" which is also a museum and new home to a temple known for its healing. This city has undergone transformations that are currently being expressed as an economic resurgence. Efforts to rebuild Phnom Penh are visibly apparent. This cosmopolitan city hosts over two hundred non-governmental agencies, which is more than any city in the world.

Approximately ten percent of the country's current ten million population, about one million, live in this city. Large boulevards bustle with traffic that blends an active mix of automobiles, trucks, ox, cows, horses, mopeds, motorcycles, carts, bicycles and cyclos. On occasion the king's sacred cows gleefully romp through public gardens on the main boulevard just outside the palace. A composite of ancient monuments, Buddhist temples, dilapidated buildings; small homes, hotels and lush modern new villas line the streets. Long shuttered, weathered windows, similar to those found in New Orleans, reflect the French colonial influence. Despite the difficult history, this city mirrors both the charm of the Cambodian people in the colorful open markets and the grit of recent history shown by grim looking rifle slung guards who stand guard in bank entrances.

Both Phnom Penh and Lowell are experiencing a renaissance, are geographically juxtaposed at the intersection of rivers, experienced oppression, and are recovering, resilient cities. Lowell, Massachusetts, seat of the Industrial Revolution, is located at the confluence of the Merrimack River and the Concord River. Lowell is currently experiencing an economic resurgence and social rebirth. Recently securing an All American City designation and host to the governor's state of the state address, this city was hailed as building new models for the American Dream that also includes refugees. However, even amidst the fanfare and public recognition, Lowell has lessons to learn from the work and programs available in Phnom Penh for Cambodians.

Between 1980 and 1990, Lowell, Massachusetts experienced a large influx of Southeast Asian immigrants and refugees. Currently, it is estimated that one fourth to one third of Lowell's 110,000 population is composed of approximately 25,000 to 30,000 Southeast Asians who are Cambodian, Laotian, Thai, Vietnamese and Hmong (Min 1995). Lowell has the second largest Cambodian population in the U.S., yet there is little community infrastructure that supports thriving processes for Cambodians who have experienced disproportionate levels of refugee trauma. Many have suffered severe multiple trauma, including torture, violent sexual abuse, brainwashing, and starvation.

Recently a Department of Mental Health commissioned study, *Cambodian Outreach and Needs Assessment,* that was conducted by the CMAA in 1998 indicated a notable need for culturally sensitive mental health resources for Lowell's Cambodian population. Currently, the Lowell Community Health Center is establishing a *West Meets East Center* that will focus on the Cambodian and Laotian communities and provide primary medical care, mental health services, traditional Cambodian healing services and alternative medicine approaches. Funded by the federal Bureau of Primary Health Care and based at the CMAA, the program will bring together Southeast Asian healing methods and American technology. Buddhist monks, like ministers and priests in the West, often act as counselors in Southeast Asian tradition. Eastern healers will team with Western counterparts to tailor a mix of culturally comfortable treatments for each client.

Southeast Asian Historical Perspective

In order to examine cross-cultural processes in a community context it is useful to begin with a socio-historical perspective of Cambodian mother homelands of Lowell's immigrant/ refugees. Historically, there have been centuries of antagonist relations among various Southeast Asian countries resulting from geographical conflict and numerous power struggles. Border tensions and animosity between countries continue to exist today. In addition to undercurrents of bitterness between nations and political affiliations, there are also differences in Southeast Asian religious beliefs. Even though Buddhism is a major religion in Vietnam, Cambodia, and Thailand, Vietnamese bring Catholicism with them as a result of French colonization (Min 1995). In Lowell and in Phnom Penh, many Cambodian-Americans layer and blend other religious beliefs such as Christianity, Catholicism, Mormonism and animism with their Buddhist heritage.

All too often, Americans assume that Asian American cultures are homogeneous. Westerners usually assume that Southeast Asians hail from a common background, have similar cultures and national origins and therefore embrace an ethnic solidarity. However, polarization and class conflict have long shaped Southeast Asian relationships. Different political affiliations and border tensions not only existed in Southeast Asia but are often carried to American communities from the homeland. In-fighting and power struggles occur within and between each of the Southeast Asian communities in Lowell. What is important for Americans to learn is that even though most Southeast Asians arrived in America as refugees, their experiences, cultures, and belief systems differ greatly from other Asian immigrant groups. Although most Southeast Asians share a common Vietnam War history and experience, Cambodian, Laotian, Hmong, and Vietnamese hail from varying social backgrounds, cultural traditions, languages, and religions.

Despite many differences among Southeast Asians, there are several commonalities. A common set of values interlace through the following: respect for authority, restraint in emotional expression, shame as a behavioral influence, regard for elderly, filial piety, collective or group orientation, and a pivotal sense of family responsibilities and connections (Min, 1995). Likewise, most Southeast Asians have endured great suffering, oppression, and learned how to survive multiple ordeals of extreme hardship.

Southeast Asian refugees and immigrants in America also face a number of adjustments and hardships once they arrive in America. Refugees in both rural and urban areas are challenged by a myriad of struggles such as language barriers, socio-economic challenges, prejudice, intergenerational conflict, political leverage, as well as loss of culture. Many recent Southeast Asian immigrant/ refugees are economically disadvantaged and also struggle with barriers around employment and education. Intergenerational conflict often arises out of differences in traditional versus Americanized attitudes regarding parental authority. Overall, most Southeast Asian refugees experience a tension between assimilation of host country traditions and preservation of Southeast Asian traditions. Many Southeast Asians in Lowell live as if they have a foothold in each culture, their own and their adopted American culture.

Buddhism

Buddhism is at the heart of being Cambodian. There are an enormous number of distinct sects within Buddhism. Two broad streams of Buddhist thought are found in Mahayana and Theraveda. Mahayana Buddhism prevails throughout East Asia, shaping cultures of China, Korea, Japan, Nepal, Tibet and Vietnam. Zen, the most widely known of the Mahayana systems, is practiced mainly in Japan, Korea, Vietnam and the United States. The Theraveda system prevails in the Southeast Asian countries of Sri Lanka, Thailand, Burma, Laos and Cambodia.

Theraveda Buddhism pervades Khmer culture. Buddhism for most Cambodians is a way of life, thought, deed, as well as spiritual practice. Buddhist teachings propose that there is impermanence about life, that suffering is the nature of human existence and that the entity of self evaporates in truth. Selflessness can be experienced through profound moments of meditation where consciousness is transformed and that all that is left is an infinity of interrelated non-personal phenomena that are ever changing (Roberts, 1995). Liberation is the goal of all Buddhist systems of practice. Yet the routes to the attainment of that end are quite diverse.

In Cambodia, most Buddhist libraries, temples, monasteries, and shrines were destroyed and the monks killed by the Khmer Rouge. Only a few books from educated survivors remain to restore Buddhist practices. In Cambodia, it is a general belief that a man should have a monk's education for at least three months, if not several years. In Lowell, Venerable Sao Khon, head monk of the Trairatanaram Buddhist Temple in North Chelmsford and Lowell's meditation center, firmly believes that the only way to rebuild Cambodian culture is through Buddhism. He says that "a culture built over 1000 years was lost simultaneously as Cambodians lost trust for each other during the Killing Fields" (Higgins & Ross, 1986, p. 42). Yet, there is still trust, respect and reverence for Buddhist religion and monks. From my experiences in both Cambodia and Lowell, it seems that Buddhism remains at the heart of Cambodian culture.

Statement of the Problem

Lowell, as a host community and new home to an increased population base of recent refugees and immigrants, is challenged to develop culturally appropriate methods that respond to the needs represented in demographic shifts. However, to be culturally sensitive during phases of program development, delivery and evaluation that occur at the community and individual level requires an investigation of cultural assumptions. Since our cultural base of operation determines much of how we view human behavior and how we define basic terms such as community, illness, and health, we need to inquire how these are similar and different.

Defining in a cross-cultural sense, abstract notions such as resilience and thriving become complicated not only because of cultural differences but also because of linguistic differences. Behavior differences between people of different cultural backgrounds also exist. Southeast Asians who ask for assistance with psychological issues may fear being ostracized and stigmatized within their own community and family. So, underutilization of mental health services may result and may reflect Southeast Asian help seeking behavior that avoids bringing shame and works to maintain the integrity of the family. In addition, there are structural factors such as institutional barriers, discrimination, and prejudice, which also create unfavorable conditions for recent refugees to reconstruct their families and access services.

So working towards the provision of health services that are culturally sensitive and proactive from a community and social psychology perspective remain complicated and only an approximation of what is needed. If only traditional American health services are provided for a Cambodian community, how will Lowell serve Cambodians and especially middle-aged Cambodian women who have been identified to be at high risk for mental health issues (Crystal, D, 1989; Kim, U., 1988; Sue, S., 1993; Mollica & Tor, 1991)? There are also studies and reports of intergenerational transmission of unresolved trauma that manifest in refugee communities in ways that trouble the larger community. An ex-monk and Harvard graduate in Cambodia commented on the possibility of youth being psychologically or genetically imprinted with unresolved trauma from their parents that becomes a source of anger and expressed violence (Battambang interview, 8/99). As a community, we can begin including more cross cultural studies regarding health issues and develop community education models that support messages for the Southeast Asian community that mental health issues are not perceived as shameful (Sue, 1993).

Currently no programs are in place to support mental wellness or serve mental health needs of the adult refugee and elderly Cambodian community in Lowell. Yet there are informal reports of people silently suffering with trauma from past experiences. Suicide and dying during sleep have repeatedly transpired in the community. Many Southeast Asians in Lowell may be at risk and become marginalized due to differences in customs and language barriers. The Cambodian Mutual Assistance Association (CMAA) on Jackson Street in Lowell responds to some of the needs by providing cultural programming, education and various social services for Cambodians and Southeast Asians residing in the greater Lowell area. CMAA's Monoram Family Support Center provides case management, counseling, referral and crisis intervention for Cambodian children and adolescents with developmental disabilities.

Through the process of this thesis research, I hope to learn more about what community, social and cultural factors have been helpful for Cambodians to cope with their histories of trauma in ways that promote and strengthen reliance. I also hope to enhance my understanding of how Cambodians define resilience and thriving. In addition, I hope that the information from the Cambodian narratives enhances the knowledge of community and social psychologists in ways that bridge cross-cultural models of health and community services in Lowell.

Purpose of This Study

The overarching purpose of this study is to enhance cross-cultural understanding of the thriving construct by focusing on Cambodian populations and by investigating cultural protective factors, adaptive behaviors and community resources of the Southeast Asian refugee populations in both Lowell and Phnom Penh. The topic of this thesis was shaped through three years of personal experiences of both participatory action research and community outreach within the Southeast Asian communities of Lowell. In addition, this study was developed in response to recent research conclusions emerging from: (a) a Southeast Asian Mental Health Needs Assessment (1998) conducted by the Harvard Program for Refugee Trauma in association with the Cambodian Mutual Assistance Association of Greater Lowell, Inc. (CMAA) during 1998 which examined mental health needs and resources of Southeast Asian immigrant and refugees residing in this community; (b) research identifying gaps in services for Southeast Asians conducted in 1995 by the Southeast Asian Health Coalition Family Health and Social Service Center located in Worcester, Massachusetts which resulted in "Worcester Reaches Out to Southeast Asians: Handbook for Increasing Understanding;" (1995) and the (c) United

Nations, World Health Federation Committee on Refugees (1993) study of refugee conditions in the border camps.

The purpose of this study was to explore factors that promoted thriving among Cambodians facing the multiple adversities: the Vietnam War, refugee internment camps, Cambodian genocide, poverty, and linguistic barriers. This examination is intended to inform our understanding of the roles that community psychologists can perform in shaping development of community resources which enhance avenues of community support, prevent disorder and promote psychological well-being in the community (Heller, et al 1984). To investigate thriving factors, I modified and adapted interview and survey instruments based on three recently developed measures of thriving (SRGS, PTGI, and Abraido-Lanza et al, 1998). These measures evaluate perceived benefits resulting from trauma and crisis that resulted in resilient or thriving outcomes. A total sample of forty-two Cambodian immigrant/ refugee participants in both Lowell and Phnom Penh were recruited from community organizations respectively. Twenty-one (21) respondents were selected from each community to engage in semi-structured interviews. These research instruments inquired about stress-related positive outcomes that inform healing processes at a community level that encourage community resources to be made available.

I had three goals for the case studies reported here:

(1) To describe and demonstrate how specific paths of thriving and resilience in response to profound trauma and crisis occurred in these two communities.

(2) To illustrate what research tools were utilized, how these tools were modified, how these tools affected local community systems, and what community products/ and changes can be achieved as a result of using such research tools

(3) To suggest community outreach-research approaches which promote thriving through social change, community resources, community development and minority empowerment.

In order to meet these goals I looked at, described and outlined "mechanisms by which environmental and individual factors help reduce or offset the adverse effects of risk factors" through using the thriving models proposed by O'Leary and Icokovics (1995) and Calhoun and Tedeschi model of trauma and transformation (1995) that illustrate impacts of profound stress. In addition, a cross-cultural model of illness (Westermeyer, 1985) and the Harvard Program in Refugee Trauma model of culture bound trauma symptoms (Mollica, et al., 1991) were integrated to reflect Cambodian cultural factors and constructs. The strategy I employed to carry out this Community and Social Psychology master's thesis followed a comparative case study approach that inquired about the following principle questions (Ickovics & Park, 1998):

- What characteristics distinguish Cambodian individuals and communities who thrive following a trauma or stressor from those who do not?
- Can resources be distributed to or developed in Cambodian individuals/ communities across the developmental life cycle and across social and cultural contexts to promote public health and inform regional public policy?
- What community processes and systems facilitated growth processes and cross-cultural understanding for Cambodian refugees in both communities?

- How did these two communities compare in terms of social and cultural resources that promote thriving from the ecological perspective?
- How can community relationships and inter-organizational linkages be modified in ways, which benefit future Southeast Asian mental health programs and community developments/ resources?

My case study plan focused on an exploratory inquiry process regarding the above questions. This study followed recent research and conceptual models used in social and community development studies (Abraido-Lanza, 1998; Lavelle, Tor, Mollica, Allden, & Potts, 1996; O'Leary, 1998; Park et al., 1996; Tedeschi & Calhoun, 1996). My objective was to expand community models and action-research theories in ways that integrate existing theories with cross-cultural models of responses to refugee needs. In the following section I review methodological procedures used in this comparative case study. In the next section I describe the analysis methods used to interpret this case study. The final sections delineate the study results, the discussion and conclusion for this comparative case study. For this study, I used a case study approach, since this is a recommended method to explore complex, contextual phenomena (Yin, 1980).

Case Study Design

The categories of questions listed above were used to focus and frame this case study investigation. This thesis examined the thriving phenomenon occurring within Lowell and Phnom Penh; and drew comparative conclusions between the two communities. The concept of thriving was used in this case study as a base to analyze Cambodian thriving in terms of current mental health and public health models. Recent literature demonstrated how criteria for assessing both illness and wellness could serve as indicators of beliefs, perceptual frameworks, assumptions and cognitive mindset of diverse cultures. A thriving paradigm was used as a theoretical framework in this study in order to develop a deeper comprehension of existing Cambodian views, which impact individual and community processes. My rationale for examining thriving was to use this framework as a strategy to gather information that will potentially impact local mental health supports for Cambodians at the community level. Increasing our comprehension of how thriving occurs in community settings provides a technique to explore what is working and what is not working in community-based health frameworks.

Yin (1980) defines a case study as "an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident." This definition captures the logic of a case study design that was implemented in this thriving inquiry. Inquiry about thriving was well suited to a case study design (Yin, 1980) since little previous knowledge and information exist about Cambodians in this context. My overarching goal for this case study was to expand and generalize from current theoretical models of thriving. Information resulting from this study will be used as recommendations to adapt these existing models for use in Cambodian community settings.

This approach was structured to examine multiple sources of evidence in both quantitative and qualitative terms. An advantage of using the case study approach is increased sensitivity and adaptability to capitalize on unexpected occurrences during the process of investigation. Collection of data utilized two techniques documentary analysis (service provider documents and interviews in Phnom Penh and Lowell) and review of interview data. Using a multi-method approach of this type parallels the applied social and community psychology paradigm, which incorporates ecological levels into inquiry and analysis.

A case study approach is an appropriate strategy for researching these particular contemporary phenomena within its everyday context using multi-method investigation. Phenomena arising from this field inquiry will be empirical in the sense that evidence will be gathered about mechanisms or resources that support resilient and thriving responses to the aftermath of trauma(s). Semi-structured interviews with key informants will be used to explore community resources and coping strategies used in the two communities. The qualitative information will be analyzed for themes and patterns of cognition, social/ cultural relations, processes of change/ adaptation and thriving. The research design will seek to answer some of the questions about needs and challenges of the Cambodian participants in this investigation. The design will link the questions asked in the study, data collected and the ensuing conclusions. It may be thought of as a way of problem solving with practical implications for use and hopefully leading to development of tangible concepts of value for the community settings.

The applied social research paradigm suggests that Community Psychologists have a responsibility to not only understand but also recommend and monitor change. This stance changes the role of the social researcher to researcher/ advocate. As a developing applied researcher, my interest is in developing skills that will enhance communication of research findings as a way to suggest community recommendations and encourage system change at the policy level (for decision makers to consider community-based research information).

Chapter 3

Methods

One way to inquire about thriving is through life narratives. This study employed qualitative methods to assess Cambodian experiences and descriptions of resilience and thriving. By asking Cambodian participants to relate what was most difficult and how they managed to cope with multiple profound challenges, I hoped to gain insight into how beneficial growth occurred and was supported by environmental factors. This section describes the procedures that were followed, how participants were recruited, general characteristics of the participants, what interview materials were used, what measures emerged from the data, and the process of data analysis.

Procedures

For the one on one Thriving Interview, respondents were primarily recruited from Lowell's Cambodian Mutual Assistance Association (CMAA), a human service agency, which serves the Southeast Asian communities in Lowell, and Phnom Penh's Human Rights Agencies, Non-Governmental Organizations (NGO's) and ministries, serving displaced Cambodians in Cambodia. Executive directors in each organization were informed regarding the purpose, goals, and study procedures. Directors and staff were invited to participate on a voluntary basis in the study. Formal recruitment occurred through follow-up phone calls and meetings scheduled at the organization or client's home (if preferred by the volunteer). Interested respondents were contacted by phone or in person by the researcher who then shared the goals, interview topics, and length of time needed for an interview. Additional sources of recruitment occurred through referrals from participants, acquaintances, and colleagues. A snowball effect of recruitment resulted. Potential interview candidates were screened with research criteria that included: interest, comfort in being interviewed, trauma experiences, and interview availability.

Interested respondents were contacted to arrange a convenient interview date, time and location. The interviews took place within organizational settings or were arranged to take place in the respondents' home or a restaurant, which was designated by respondent's preference. Each participant was given consent forms with both a verbal (both English and Khmer) and written explanation that described procedures and ethical considerations. Informed consent forms were offered in both English and translated Khmer. Each respondent was offered to be paid $10 for his or her time and participation in the study. Some respondents accepted the nominal compensation while others refused to accept the offered compensation. The total refused compensations were donated to Lowell's CMAA youth group.

Interviews were conducted in two languages. The researcher conducted English language interviews, whereas a Khmer speaking research colleague and assistant translated Khmer language interviews. A Cambodian colleague completed written Khmer translations of instruments and consent forms. Each interview ran for approximately sixty to one hundred sixty (60-160) minutes. Differences in interview length were a consequence of variation in the amount of time respondents needed to answer open-ended questions. Time spent with participant before interview also varied so that rapport and trust building could occur. In Phnom Penh, most pre-interview time spent with participants was between ten to thirty minutes. In a few cases, the pre-interview time ran between one to four hours of social interaction. In Lowell, the researcher knew most of the interview participants, Cambodian colleague or participant knew of the researcher. So, trust and rapport existed within Lowell interviews without the need for establishing this trust through pre-interview time.

The data collected in this comparative community case study occurred in two locations. In Phnom Penh, interviews were conducted during July and August 1999. Lowell was the second location where interviews were administered during the months of October to December of 1999 and from January to February 2000.

Participants

Twenty-one Cambodians ranging in age from twenty-five to sixty-nine years of age were interviewed in Cambodia. Twenty were interviewed in Phnom Penh and one was interviewed in the Battambang province. Each of the participants was self-identified or other-identified as resilient and thriving. Twenty-one Cambodians were interviewed in Lowell and were between the ages of twenty-four to sixty-five years of age. Each of these participants was also self-identified or other identified as resilient and thriving. Of the total interview participants, thirteen participants were acquaintances or previous colleagues of the Cambodian research translator; interview participants referred fourteen to the researcher; and the researcher knew fifteen.

All participants were born in Cambodia and are survivors of the Pol Pot regime. Sixteen were Cambodian, twenty-five were Cambodian-American and one was Khmer-French. Nine of the participants were in their 20's, nine were in their 30's, thirteen were in their 40's, eight were in their 50's and three were in their 60's. All participants experienced Khmer Rouge related trauma and losses. The following table quantifies general characteristics (e.g. age, gender, education level achieved or in progress, current religious practice, and ethnic/ cultural background) of the participants.

Table 1

Characteristics of Participants

	Phnom Penh, Cambodia	**Lowell, Massachusetts**
Characteristic	**Number of Participants**	
Age		
20-29	3	6
30-39	2	7
40-49	8	5
50-59	6	2
60-69	2	1
Gender		
Male	10	10
Female	11	11
Ethnic Background		
Cambodian	15	1
Cambodian-American	5	20
Cambodian-French	1	
Educational Level		
High School	4	5
Bachelor	6	12
Master	9	4
Doctoral	2	0
Current Religious Practice		
Buddhism	12	12
Christian	3	7
Non Practice yet have Religious Philosophy	6	2

It remains unclear the degree to which these participants are representative of all Cambodians and Cambodian-Americans who demonstrate trauma related growth. Although questions about representativeness cannot be answered, the participant life stories illustrate some of the Cambodian variables and factors that have led to resilience and thriving.

The target population to be interviewed was slightly modified after discussing the research topic, interview instrument, and methods with Ellen Minotti, Director of Social Services in Cambodia. Due to differences in access to education and history of the two countries, it was recommended that only Cambodians who had at least a high school education or higher be interviewed. This recruitment suggestion was made due to the abstract nature of some of the questions, which required basic education in order to facilitate comprehension of the questions. In addition it was suggested that all interview questions be changed to an open-ended format and that questions that inquired about life history and losses due to the Pol Pot regime experience be added to the interview. The interview recruitment phase began after suggested changes to the interview instrument were completed and approved by the Institutional Review Board at the University of Massachusetts Lowell and by Ellen Minotti while in Phnom Penh.

Materials

The Thriving Interview used in this thesis research combined three established scales of stress related growth: the Stress-Related Growth Scale (SRGS; Park, Cohen & Calhoun, 1995), the Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1995), and the Thriving Scale (TS; Abraido-Lanz, Guier, & Colon, 1998). Relevant questions were selected from each of the three scales. The method used to design the interview instrument was derived from combining these three recent scales and then adding new culturally appropriate questions. The following table outlines the questions that were adopted from the three thriving instruments.

Table 2

Items in the Thriving Scale used in the Structured Interviews

Arranged by Domain, with Original Source

Domain	Original Source
Because of my refugee trauma experiences …	
Trauma Experiences	**New**
Losses	New
Coping Strategies	New
Self Perception	
Sense of Confidence	SRGS 3, 36; PTGI 17
Hope and Optimism	SRGS11, 27
Compassion	SRGS 7, 23; PTSI 12
Relationship with Others	
Family	SRGS 47; TS 13
Sense of Community	SRGS 44, 50; PTSI16
Life Philosophy	
Religious Values	SRGS 14
Life Priorities	SRGS 8; 21; PTSI 1
Cultural Influences	New
New Pathways of Growth	
Lessons Learned	PTSI3; SRGS32, 39, 42,
Community Resources	SRGS35, 44, 50
Turning Points on the Path of Growth	SRGS 33, 21

Note: The original source of each item is noted by SRGS (Stress-Related Growth Scale; Park et al., 1996) or PTGI (Posttraumatic Growth Inventory; Tedeschi & Calhoun, 1995) or TS (Thriving Scale; Abraido-Lanza et al., 1998), along with its original item number. Items marked new were created for this study.

Next, several additional questions were created for this thriving interview. These new additions were based on bi-cultural models used by both the Harvard Program in Refugee Trauma (HPRT), the Indochinese Psychiatric Clinic (IPC) and on Ellen Minotti's recommendations. In order to acknowledge trauma experiences, the first three questions inquired about life history, difficult trauma experiences, and third inquired about how these difficult experiences either destroyed or impaired participant's life. These opening interview questions were added at the recommendation of Ellen Minotti, the Social Service Director in Cambodia, to acknowledge traumatic difficulties, losses and damage. Then the notion of stress-related growth was re-introduced with the following questions that inquired about positive growth. The last four questions created for this interview asked participants about sense of community, traditional Khmer healing resources, most effective coping method, and their recommendations for western clinicians who offer services to Cambodians.

Interview instructions began with a format that combined instructions used in the TS scale (Abraido-Lanza et al, 1998), the PTGI (Tedeschi & Calhoun, 1995), and guidance received from Ellen Minotti in Cambodia. Interview instructions began with:

> *Most people do not talk about their difficult stressful life experiences. However, when people do speak about these experiences, many talk not only about the negative things, but also the positive things that have happened after traumatic events. I would like to discuss both the negative and positive things in your life that may have occurred in your life as a result of stressful and traumatic events in your life.*

At the end of the interview a debriefing session occurred. This portion of the interview process was designed to minimize uneasiness caused by the questions during the interview procedure. The primary goal of the debriefing was to be certain that the interview participant did not leave with greater anxiety than existed prior to the research interview. The debriefing began by first asking if the respondent had any questions about the study. Respondents were also asked for suggestions that may help to improve the research. Potential benefits and goals for the study were then discussed. At the conclusion, participants were thanked for their time and participation. At this point a number of interview respondents offered to contact and recruit their colleagues and friends for this thriving interview.

Semi-structured interviews with open ended questions (Appendix 3) facilitated the data collection process which focused on four main themes: 1) Trauma history and losses 2) Coping and survival strategies 3) Changes in perception of self, relation to others, values, priorities and life philosophy and 4) Important lessons learned. All interview data was treated confidentially.

Thirty-six of interviews were both audiotaped and documented with extensive note taking. Five of interviews were not audio taped but documented through comprehensive notes. Interviews that were not taped were due to both equipment failure and lack of appropriate electrical adapters in Cambodia. Only one interview was not audio taped at the request of the participant. All notes and audiotapes were transcribed and proofed. All audiotapes will be destroyed within the next six to twelve months.

Measures

Instruments were administered in English first and then translated into Khmer if necessary for participant comprehension. A translation strategy using tape-recorded interviews was employed. The one on one interviews that were used in both community locations consisted of a series of questions that asks about the following sets of domains:

- Trauma Experiences
    - Losses
    - Coping Strategies
- Self Perception
    - Sense of Confidence and Personal Strength
    - Hope and Optimism
    - Compassion
- Relationship with Others
    - Family
    - Sense of Community
- Life Philosophy
    - Religious Values and Practices
    - Life Priorities
    - Cultural Influences
- New Pathways of Growth
    - Lessons Learned
    - Community Resources
    - Turning Points on the Pathway of Growth

To investigate these variables, I examined differences in these measures as a function of individual experiences, interpretations, and community or cultural influences. The final thriving instrument for this case study consists 30 items shown in Table 2 along with their primary source (See Appendix 2 for thriving interview instrument)

Analysis

After collecting and transcribing the life stories and interview responses, the next step was to examine the data for themes. A content analysis was utilized to assess principal themes emerging from the interviews. A qualitative approach was used for the current study so that Cambodian participants could relate both their trauma and growth experiences in their own words and voices. This exploratory method was used as a means to enhance cross-cultural understanding of Cambodian definitions and descriptions of psychological and socio-cultural thriving at the community and individual level. Participant responses were analyzed for demographic characteristics, coping strategies, resilient and thriving outcomes, and social/ cultural resources.

After completion of the thriving interviews conducted in Phnom Penh, Cambodia and Lowell, Massachusetts, all interviews were transcribed verbatim. Each interview transcript was copied five times and then collated into five sets representing five guiding questions and five domains (listed above in measures) of interest: 1) How did specific paths of thriving and resilient responses to profound trauma and crisis occur in these two communities? 2) What characteristics distinguish Cambodian individuals and communities who thrive following trauma from those who may not? 3) What community processes and systems facilitated growth processes for Cambodian refugees in both communities? 4) How did these two communities compare in terms of social and cultural resources that promote thriving from an ecological perspective? 5) What unexpected lessons emerged from this study that would be helpful to share with the community?

The five sets of transcripts were read through and quotes relating to the domains of interest and guiding questions were highlighted and cut out. Each step of the data analysis included:

- Researcher observation and analysis notes during and after interviews
- Verbatim transcription of all interview tapes and notes

- Copy interview transcripts five times and collate into five sets
- Read through transcripts and highlight quotes that pertain to themes and domains of interest
- Cut out highlighted sections and arrange in categories
- Arrange and rearrange categories to evaluate emerging themes and patterns
- Share themes and patterns with thesis advisor and Cambodian colleague for feedback
- Rearranged and re-evaluated themes and patterns
- Review full written and tape recorded interviews for turning points in life stories
- Noted data codes in terms of text. Codes were assigned to units of text phrases and metaphors that are representative of a Cambodian frame of reference and explanatory framework.

Themes and patterns emerging from the data analysis are presented in the next chapter.

Chapter 4

RESULTS

The main goal of this research is to look at the strength of Cambodians developed in the face of adversity; therefore, I will begin this section with a brief description of each participant who shared their story of resilience. These participant descriptions are followed by descriptions of trauma experiences and key findings of growth processes that occurred as pivotal turning points in each of the domains of interest. All names are pseudonyms.

Description of the Participants

Phnom Penh Interviews

Savy is a 48 year-old NGO executive director. She left Cambodia in 1974, just months before the Khmer rouge arrived in Phnom Penh. While her family was trapped behind a sealed border, she and her second husband worked to assist American communities with refugee resettlement issues. Returning to Cambodia as a Khmer-American in '93, she shares a wealth of experience, education and dedication that enhances local NGO capacity building processes.

Nary is a 46 year-old president of a Cambodian non-profit organization. She left Cambodia in 1969 to study in France. Her parents left Cambodia during the Pol Pot regime with the assistance of U.S sponsors. Joining her family in the U.S, she furthered her education in psychology, social work and education. She and her second husband built a number of successful organizations and programs providing service to all ethnic refugee groups in an American community. Longing to share her skills in her homeland, she returned to Cambodia in '92 and began a women's organization to build leadership skills.

Kunthea is a 62 year-old senator appointed by the king. As a senator, her role is to assess suggestions and modifications for Cambodian law and policy. She received her college education in France and later moved there with her husband and children. Returning to Cambodia in '75, she feels lucky that her husband and children escaped their scheduled execution due to the Vietnamese invasion in '79. She also lived in the US and worked with the UN in the states. Currently she lives alone in Phnom Penh while her husband lives in Massachusetts and her children live in France.

Kalliyan is a 39 year-old human rights director. She and some members of her family escaped to Vietnam during the Pol Pot regime. Returning to Cambodia in '81, she worked during the day and studied at night. In '94 she attended an American university to receive her B.A. Currently she is widowed and is raising her teenage daughter while studying law at night.

Dara is a 53 year-old president of a non-profit organization that works for change in Cambodia. She is a widow with four children and two grandchildren. Her father was a prominent leader before the Khmer Rouge regime and she had been a teacher. She is very energetic and passionate about making changes in Cambodia. She publicly voices her strong sense of justice which brings threats on her life and that unnerve her children.

Kolab is a 53 year-old university professor who is married to an engineer. She has two grown children. She has authored books on philosophy and recently presented her research at an international conference. She lost twenty-four members of her family during the Khmer Rouge regime. She worked as a lab technician while studying to be a doctor prior to the Pol Pot regime. She is quite knowledgeable about the use of natural herbs and volunteers her time to educate women about birth control and safe sex practices.

Sarom is a 40 year-old variety shop owner in a small village close to the Thailand border. She is a widow with three teenage children to raise on a meager income. She is a lively, expressive woman who survived the Khmer Rouge yet was beaten and her husband was killed by robbers in '91.

Chantou is a 32 year-old executive director of a women's rape crisis center in Phnom Penh. After surviving the Khmer Rouge regime, she benefited from her mother's home schooling. Interested in human rights she attended law school. She is dedicated to promoting the rights of women in her country. She is a single parent of a young son. Her outspoken advocacy and support for women in crisis brings threats to her organization and threats on her life.

Rann is a 46 year-old undersecretary of a Cambodian ministry. Initially inducted into the ranks of the Khmer Rouge, she soon spoke out against them and raised arms to fight against the Khmer Rouge and Vietnamese soldiers. Captured by Vietnamese soldiers after the Pol Pot regime, she spent five years chained in a Vietnamese jail. After giving birth to her son while in chains, she was released in '88. She became politically active and ran as province candidate. After being widowed and raising her son alone for ten years, she remarried a soldier.

Seoun is a 50 year-old undersecretary in a Cambodian ministry. She has a military and law enforcement background in Cambodia. She left Cambodia before the Pol Pot regime, when she was 22 to marry and raise a family in the U.S. In the U.S. she worked as a youth program coordinator, was politically active and ran for city council. Leaving her two teenage sons with her ex-husband, she returned recently to help rebuild Cambodia.

Sodavy is a 62 year-old single mother who owns her own home in Phnom Penh. After losing her husband and six of her children during the Khmer Rouge, she is dedicated to supporting and encouraging her two surviving and hard-working daughters with their education. She has a great desire to learn foreign languages and appreciates the assistance given Cambodia by the international community.

Silong is a 43 year-old university history professor who also coordinates an NGO psychosocial program in Phnom Penh. Raised by two parents who had been teachers before Pol Pot, he continued his education after the end of the regime. He has extensive experience in community development, program training, and social research. He has presented his research results at international conferences.

Phirun is a 43 year-old director of a human rights organization. He was a teacher before the Khmer Rouge. After the Pol Pot regime he wrote and edited books for the Ministry of Education in Cambodia. He is married with 3 children. His students see him as a passionate teacher. He has a great desire to play a role in rebuilding Cambodia.

Varin is a 43 year-old director of a human rights organization. He also taught history at the university for 13 years. He successfully secured funding from Sweden to begin a human rights NGO that focuses on raising awareness, responding to conflict issues, and collaborating with new partners to develop new community strategies for conflict resolution. He is married and is raising two children.

Kosal is a 46 year-old NGO program director of social programs. He went to night school to finish high school and his undergraduate degree in accounting after the Pol Pot regime. He worked with the BBC as an editorial assistant and interviewer for 2 years. Currently he is attending a graduate program in psychology while working as a program director and raising his son with his wife.

Somnang is a 24 year-old president of a successful computer training business. After surviving the Pol Pot regime, he bought and sold fruit and vegetables and dangerously delivered messages at the Vietnamese border. On weekends he attended school before starting his own successful computer business in Phnom Penh. He is married and has a young son.

Sutshakan is a 50 year-old psychiatrist who chairs a mental health subcommittee in the Health Ministry and heads a university department. He is working with psychiatrists from Norway to develop mental health training and programs in Cambodia. His written work has been adopted and used by Harvard, IPCC and some American refugee organizations. He also worked with the Red Cross after the war. He is married with grown children.

Visith is a 56 year-old NGO security guard. Orphaned at a young age, he survived as a child by exchanging labor for both education and a place to live. Later as an adult, he secured education and training through joining the military. Serving as a captain in the French army, he also led the king's army troops. After surviving the Khmer Rouge, he has worked with a Yugoslavic electrical company and an American company building roads in Cambodia. He is happy with current life that he shares with a wife and two grown children.

Meng is a 26 year-old secretary assistant for the president of a social development organization. Currently he is studying business administration in college. After his father left the family in '80, Meng supported his mother and his 3 younger siblings. He helped his sister and brother secure an education and professional positions. He is highly respected and is credited with being a role model in several communities. He is single and hopes to further his education in the U.S. someday.

Chan is 55 year-old NGO program director. He was in his first year of psychology at the University of Phnom Penh when the Khmer Rouge arrived in the city. Even though he suffered with malaria under this regime, he struggled to endure and kept his daily hope for freedom and food. He has a degree in psychology from the University of Phnom Penh.

Chay is a 29 year-old successful entrepreneur in Phnom Penh. Recognizing the need for people to learn about computers, he started a computer training company. His teachers now work for him. His bright smiles, upbeat demeanor and energy light up the space he occupies and shares with others. In his own words he is "skinny but strong." Despite his success, he remains humble.

Lowell Interviews

Phirun is a 29 year-old orphan who was adopted by an American family. As a multi-talented young man, he shares his artistic ability and passions with the community and through his work with Cambodian youth. Recruited by the Khmer Rouge at a young age, he has transformed his life to one of service to the Cambodian community.

Courageously he tells his story to reveal profound levels of growth and insight in one so young.

Sovann is a 27 year-old orphan who was adopted by an American family. He is quite self reliant, reflective and analytical in his approach to life. Conscripted into the Khmer Rouge army and trained in combat as a child, he now uses his life experience to touch and inspire the lives of Cambodian youth. He greatly appreciates and recognizes his opportunities for education and freedom in the US.

Sim is a 42 year-old father of five who jokes, laughs and smiles incessantly. He is dedicated to promoting and preserving cultural education for Cambodians. He often speaks in metaphors as he communicates his Cambodian philosophy of life.

Samporn is a 36 year-old father of two young children. Marrying his sweetheart after waiting ten years to be reunited, he says that she is his "savior." As a community leader, he works hard to address needs of the Cambodian community in Lowell. He is very poetic in his passionate communications about his people and history.

Varin is a 27 year-old orphan. His parents were killed and his siblings all died from starvation during the Khmer Rouge. Adopted yet physically and psychologically abused by two different families he managed to survive the accumulating adversities. He strives for excellence in academic achievement as an honor student in the US. Someday, he plans to return to return to Cambodia to help rebuild his country.

Teva is a 43 year-old woman born in Takeo province, Cambodia. Enduring the years under Khmer Rouge and two years in a refugee camp, she lost all fifteen members of her family during the regime. She believes it is a miracle and feels lucky to have survived. She focuses on building her family. With the encouragement and support of her husband she earned a bachelors degree. She works closely with the Cambodian community services and strives to promote Cambodian cultural traditions.

Pisey is a 27 year-old married mother of a sweet tempered toddler girl. She contributes much to the community as a master dancer. She teaches dance as a form of cultural education that has therapeutic effects on the youth. Soft spoken, and characteristically petite she has written a book documenting Cambodian dance form and meaning.

Uth is a 33 year-old man who uses music to sooth his troubled sleep patterns that are filled with war-time flashbacks. In his work, he shares his education with humility and humor in the community through a variety of outreach efforts to educate the community about health issues and resources.

Rongsey is a 36 year-old respected community leader who works hard to make a difference in his community. As a highly visible Cambodian leader he promotes social equity as he advocates for his community. He believes that one of the survival lessons that he has learned is improved people skills.

Kosal is a 31 year-old orphan who was adopted by a loving supportive American family. After losing his childhood and family, he managed to survive extreme hardships. He treasures his important work with youth and families here in Lowell.

Norodom is a 30 year-old graduate student who is very charismatic and passionate about social and educational issues. As an adopted orphan, he strives to motivate youth to aspire to well-rounded educational opportunities. He hopes to return to Cambodia someday and assist with rebuilding his homeland.

Vanna is a 33 year-old woman who finds a great sense of community within her circle of orphan friends. She has transformed the help and support that she received to now help and support other Cambodians. She feels that her life is good now and that her success here in American has fulfilled her father's unfulfilled dreams back in Cambodia.

Nhol is a 39 year-old who survived and endured the Khmer Rouge regime. He is a very analytical thinker who believes that Cambodian youth in Lowell should learn more about their history, culture and respect for the elders. He recognizes the tension of cultural differences and values that remain difficult for elders to bridge.

Veata is a 28 year-old young woman who is dedicated to learning about and practicing Buddhism. Her dream is to become a religious leader in the community someday. People already say that she brings "light" into the community. Currently she focuses on health education and outreach in her work while studying psychology.

Chanpei is a 43 year-old woman who works with Cambodian children. She is a lively attractive woman who accepts the happiness and compromises of an arranged marriage. She lost all of her sisters and her father during the Pol Pot regime. She has one grown daughter who is a successful business graduate.

Boupha is a 23 year-old psychology student. She and her mother were the only survivors of her family. She struggles with being both Cambodian and American. Yet she strongly believes that young Cambodians in Lowell need to be more familiar with their cultural roots to know who they are. She studied and performs traditional dance as a way to share and preserve Cambodian culture and traditions.

Lueong is a 40 year-old woman who became an orphan at seven years of age when her father, mother and half of her siblings were executed. Transferred from a children's camp to a soldiers training camp at 8 years old, she managed to survive. Currently she is dedicated to raising awareness of Cambodians about social and health issues.

Savy is a 52 year-old woman who works in the health field. She brings both courage and cynicism to her profession of helping. Her charming grace and wit are infused with satirical humor.

Chanta is a 53 year-old woman who is an amazing artist and poet. She uses the arts to express and heal her life experiences. She hopes to share the healing potential of the arts with others in her community.

Boupha is a 46 year old woman who strives to include the voice of Cambodian women and support women's business efforts. She is highly energetic, and driven to accomplish as much as possible for women in the community. She models utmost respect for her parents, husband and colleagues.

Vannak is a 65 year-old man who is a spiritual leader in the community. He imparts wisdom and suggests practical approaches for many in the Cambodian community in Lowell.

Trauma Experiences Described by Participants

The following major types of loss, trauma, and post Khmer Rouge adversities emerged from the collective life narratives of the participants: Six major categories of losses emerged: 1) Loss of support network, 2) Loss of childhood, 3) Loss of education, 4) Loss of culture, 5) Loss of resources and 6) Loss of identity. Six major types of trauma experienced include: 1) Starvation, 2) Slave Labor, 3) Torture, 4) Illness, 5) Separation from Family and 6) Death. For purposes of this research, the definition of loss or trauma was described as challenges and most difficult experiences. Any event or experience described by the participant as difficult, or extremely or most difficult, was included in the data analysis. In addition to the losses and traumas experienced during '75-'79, all participants experienced multiple adversities from '79-'99. Post Khmer Rouge adversities in Phnom Penh included: 1) Economic Hardship, 2) Social Issues, and 3) Civil Unrest. Adversity differences experienced by Cambodian-Americans in America include: 1) Discrimination, 2) Linguistic Barriers, and 3) Cultural Differences. This next section describes participant experiences. Quotes in the text are verbatim.

Loss

All participants interviewed for this thesis experienced the complete loss of their support networks during the Khmer Rouge regime. These losses included separation from family, friends, community members, teachers, religious leaders, traditional healers and trusted leaders. For many Cambodians and Cambodian-Americans, this loss was described as being the most difficult. Separation from loved ones exacerbated a sense of psychological stress since there was no one to turn to during extremely distressing times. Almost all of the participants either lost all their family or most of their family through execution or starvation. While this regime was in power, people were tortured or killed if they showed feelings for family, friends or a fellow Cambodian in their camp. Only a few said that they were "lucky" to have all or most of their family members survive. One participant said "I have lost my memory of my family since I wasn't able to look at them." Participants also commented on the loss of trust that can be found in a support network. People were forced (at risk of death or torture) to betray others. One man said, "Before the Khmer Rouge people trusted each other and didn't steal from each other.

Since '75 with Pol Pot, people no longer trust each other, even husband and wife, because they were threatened with death." Many felt that these trauma experiences and losses continue to impair their capacity to trust others.

The loss of a childhood was especially troubling for many of the participants who were children during the Khmer Rouge regime. This loss was described as not having parental guidance and nurturance during an important time of development. Surviving this as a child was described by one young man as, "I looked at how a hen hatches , cares for and feeds her chicks until they are strong enough to be on their own. I didn't have this and thought that I should have. Becoming an adult as a child, was not being able to have fun as a child." Another said, "I was in a cold world, if I screamed no could hear me, if I cry, no one could hug me."

Most young Cambodians were separated from their families and sent to work in youth camps or trained in combat during the Pol Pot regime. Many never saw their family again. Many young women were also forced to marry men they did not know. On the other hand, parents who were separated from their children struggled with a sense of parental remorse. One parent said, " I feel as if my sense of responsibility for my children has been destroyed." Separation from family, friends and loved ones was identified as both a loss as well as a trauma.

All participants reported a loss of education and a loss of time for education that interrupted educational opportunities and achievements. All experienced huge gaps in their education. Starting or continuing school after the Khmer Rouge was also described as a loss of opportunity to develop employment skills and enhance capacity for critical thinking. A few participants from rural provinces reported that they were unable to attend school from 1970 to 1975 since the roads to school were unsafe for children to travel due to soldiers and fighting. Pol Pots attempt to create a completely rural agrarian society made education a crime, punishable by death. In this society no one was to be elevated due to education, wealth, power, talent or status.

Loss of culture was reported as a loss of important cultural traditions that are the foundation for cultural values, morality, belief system, social structure, and guidelines for behavior and relationships. Important traditions such as respect for family, elders and religious leaders have undergone dramatic changes and shifts. Thousands of years of Khmer traditions and cultural foundations were shattered during the Pol Pot regime in ways that shattered a sense of cultural identity for many Cambodians. One Khmer woman said, "My belief foundation was shattered during the Khmer Rouge."

In addition to the cultural loss of identity and pride, both Cambodians in Phnom Penh and Lowell reported a loss of personal identity as well. A number of people were either forced to take on another name to survive or were assigned names and birth dates to simplify entrance into the U.S. This loss was also reported as a loss of status, good reputation, and loss of parents' true identity or name. Without a family name, Cambodians cannot seek for surviving family members or ever know what happened to them. Not knowing one's identity exacerbates the experiential crisis reported by many. One man said, "This is another loss, to not really know my own identity. I don't really know my own name. I live an age, a name, and a date of birth that was given to me. I don't have a real me, everything about me is made up."

Loss of resources were described as loss of basic material resources such as food, home, land (including access to farm land), money, and personal belongings. Many people said, "The Khmer Rouge took my house and land away from me."

Trauma

Multiple trauma experiences are summarized here and report on starvation, slave labor, torture, illness, separation from family, and death.

Everyone who survived the Khmer Rouge regime reported starvation experiences. As one person said, "Always there was starving." Some managed to survive by eating rats, grasshoppers, leaves, snakes, what ever they could find or steal. A few reported that such long periods of starvation resulted in chronic intestinal disturbances while others spoke of the deleterious effect this had on physical development. One man said, "Because of the malnutrition, I couldn't see so well or run. I was so hungry that I wasn't afraid to die anymore. Sometimes we dug up baby mice to eat or we boiled dead skin of cows to eat. People who died didn't rot because they were only skin and bones." One mother tearfully related how the first of six of her children died, "He begged me to fry the rice for him yet when I fed him he just died."

The majority of the interview participants were forced into slave labor such as digging canals, plowing fields, picking rice, and collecting leaves on mountains and in rivers. Even children were put on youth labor teams forced to rise at 3 am to labor until evening, with little to eat. After working for long hours, everyone was ordered to attend meetings in the evening where the new rules and ideology of Angka was explained. Participants commented on the slave labor as being very difficult to endure. One woman said that, "this was one step better than being killed. They made me up root 20 trees a day, if I didn't they wouldn't let me eat." Many said that there was a quota of expected work production, if unmet meant beatings and loss of food resulted.

Torture

The Center for Victims of Torture (Dross, 2000) defines torture as an act committed by someone in official capacity that inflicts physical or mental harm, suffering, or severe pain. Organizations who work with survivors of torture find that is very difficult for victims of torture to relate what has happened and feel shame or humiliation about the experience. Yet a whole country was traumatized during the Pol Pot regime where hundreds of families and family members died from torture, illness, starvation and execution. Trauma is a visceral experience that does not directly translate into cerebral symbols of language. Very few Cambodians related specifics regarding torture experiences. A few spoke of interrogations by the Khmer Rouge and Vietnamese as being most traumatic. However, many spoke of how these experiences have impacted their life. One said, "The most terrible of my life was seeing all those things, it is hard to witness people dying. The saddest moment of my life was seeing my mother die of starvation." Another said, "The experience is ten times worse than what I can tell you. It's not easy to put into words. What we went through is in the head not in the words." Some thought that death may be easier than experiencing so much suffering. The majority of the participants interviewed reported that either they were tortured or that they witnessed others being tortured. One young man said, "We had to watch other children being cut and killed with out flinching or showing emotion or we would be killed."

Illness

Many Cambodians reported loss of health through extreme illnesses. Dysentery-like symptoms, malaria, bellies swollen from malnutrition, fainting spells, loss of eyesight, and other illnesses were described. Several people spoke of how some of the illnesses had caused chronic health conditions. One man said, "I had malaria, my hair fell out due to the sever diarrhea and I still have some problems with this."

Separation from Family

There is an overlap between loss of support network and separation from family. The loss of the support was also reported as traumatic. Many women became widows. Young surviving sons took on responsibilities of fathering their younger siblings. People reported feeling alone in the world. Orphans reported separation from family as being the most traumatic event of their life, especially separation from parents. Not being able to communicate or see family members was reported as the most difficult experience. Several young Cambodians spoke of running to find their mothers only to be beaten and threatened with death. "I ran back to my mother and was caught. The Khmer Rouge beat me and were going to kill me in front of my mother. But she begged for my life. We both cried and were separated again."

Death

Death was everywhere. People were being killed and dying all the time. It was not possible to have traditional burials. Most lived in continual fear of dying. One young woman said, "My friend and her family were killed. I was curious as a child and went to the place where they were killed. Then I thought that tomorrow is the day that I will die. I always thought this. That is the sad story of my life."

Post Khmer Rouge Adversity

After the Khmer Rouge regime was overthrown by the Vietnamese soldiers, people walked to the borders attempting to cross and gain access to the camps of asylum. Many died trying to get across the borders. One young woman remembers, "During this time I faced a lot of difficulties. There was a lot of "shelling" many were killed by the fighting and the starvation. I have to cross so many mountains. I feel very traumatized by that time. There were many old men and women who had just had children and were abandoned. Only those who could endure survived. My grandmother, grandfather and aunty just gave up. We had to let go of those who just couldn't make it. Many died there on the mountain, only those who could endure survived." "A lot of people died since there was no food or medicine. The Red Cross came to get people and took me to a camp on Oct. 24, 1979." Life in the camps was reported to be better than under the Khmer Rouge.

Life for refugees in the first camps of asylum was filled with tragedy and immense difficulties. Many died in the camps due to untreated disease and injuries. Children could be heard crying all night in pain and could be seen dying every day. The orphans had no one to help them find food, shelter or to care for them. One orphan said, "We just sleep on the street. Sometimes 2, 5 or 10 of us gather together and walk around. We must find our own food, if not we sleep starving." Occasionally there would be kind offers of food or shelter shared with the orphans.

Life in the second camps improved due to U.N. and international assistance. Medical supplies and food were brought in, orphans were offered fun activities and schooling, attempts were made to locate parents or relatives, and house parents supervised children. Even with the improved conditions, many reported shortages of food, other supplies, and abuse by Thai soldiers. Cambodians attempting to trade with Thai civilians outside the camp without permission, were shot, raped or beaten.

Phnom Penh Adversity

After the camps, those who returned to Cambodia walked many miles for days on foot, traversing unsafe roads where hidden land mines were concealed and where robbers attacked and beat weary returnees. Cambodians interviewed in Phnom Penh reported that family members died along the way as well as others on the road. One said, " The ox stepped on a mine and blew up a mother and her five children. There was flesh, bone and clothing flying everywhere."

Economic hardship was reported as the most difficult adversity for those returning to Phnom Penh. Returning to what used to be home, many discovered that their homes had been taken over by others. Many lived without shelter or went to rural villages that had become "ghost villages." Since so much in the country had been destroyed, there was a shortage of food being produced or available resources. Economic hardship, poverty, and minimal economic opportunities were reported as one of the most difficult ongoing adversities experienced by the returning Cambodian survivors. Many described returning to nothing as being "harder than the Khmer Rouge." One woman said, "1979 was the hardest, I had nothing and had to build from scratch." A young man said, "The poor are poorer and the rich are richer and exploit us and look down on us. If I didn't work for a non profit I would not survive." "Year Zero, the Khmer Rouge took us to the bottom, now we have to rebuild."

Social issues that emerged in Cambodia and Phnom Penh reported by the participants included problems around social equity, social justice, changed values, and changed relationships. With scarce resources, corrupt practices by officials, leaders, police, and businesses became common. A greater divide between the wealthy and the poor emerged and continues to grow. Only the wealthy have access to education. The poor became poorer which lead to trafficking of children and women that forced young girls into prostitution to help their families survive. Men unable to support their families became depressed and engaged in heavy drinking, gambling and developed patterns of abuse and domestic violence. Homeless and landless families became squatters at the edge of cities and villages. Orphans, street children and a rising tide of handicapped individuals (land mine explosions) struggled to survive through begging. Participants complained that many in Cambodia are selfish now and think only of themselves. The social fabric of the society and culture has been damaged in ways that fostered distrust between neighbors, and people have little capacity to help one another.

In the provinces as well as in Phnom Penh civil unrest continued. There was fighting between political parties, which resulted in poor leadership and people being threatened or killed. Revenge killings of Khmer Rouge leaders occurred as well as ongoing Khmer Rouge attacks on rural villages. Physical safety continued to be a problem for many years. One woman shared, "after the Khmer Rouge I was beaten, my husband killed and we were robbed." Another woman said, "The most difficult struggles were with the Vietnamese. There was a lot of risk, people died on a daily basis. I was jailed and chained even while giving birth. Afterwards they tortured me and forced me to admit to something that I didn't do."

Participants in Phnom Penh and in Lowell spoke of an intergenerational transmission of unresolved losses and trauma. Some believe that youth are born angry and become violent through being genetically and emotionally imprinted by their parents' traumatic experiences. Parents in both communities agree that education for young Cambodians needs to include the history of Khmer Rouge trauma so that it is not repeated. Differences in adversity experiences for Cambodian-Americans in Lowell are described next.

Lowell Adversity

Half of the Cambodians interviewed for this thesis came to America through sponsorships. Their camp and trauma experiences were similar yet challenges they faced in America differed from Cambodians who returned to their homeland in the following ways: 1) Discrimination (2) Linguistic barriers, and 3) Cultural Differences.

Arriving as strangers in a strange land, ten were orphans or unaccompanied minors, the majority of Cambodians who were interviewed reported that their adoptive families were very supportive, understanding and nurturing. However, experiences faced in school were met with prejudice and racial discrimination. Cambodian youth were called names and told to go back to the home country. Older Cambodians were met with hostility within the community. Racial discrimination was a challenge faced by most of the Lowell participants.

Linguistic differences and barriers created challenges for all ages of Cambodian-Americans. Older Cambodians experienced underemployment and relied on the youth to translate information as they were exposed to English and learned the language quicker through schooling and peer interaction. Youth were expected to translate and explain everything including the American culture to their parents. Translating empowered the young and gave them power to control what the parents or elders knew. This reversal of power and control introduced intergenerational tensions among Cambodian families residing in Lowell. Ancient traditions of reverence for parents and elders underwent a change in America. Youth felt burdened with the responsibility of translating and performing as cultural brokers for their families at a time when they were developmentally unprepared and or matured for such roles.

Cambodian-Americans reported cultural differences such as values, priorities, religion, expectations, standards and traditions. Upon arrival in this country, most felt uncomfortable with some of the differences in American culture. For example, public displays of affection among youth, immodest clothing, and so much freedom were surprising and confusing. Currently, the majority said that they felt that they were one half Cambodian and the other half American now. A number of parents here reported that the young here have too much freedom in American culture. The young do not agree to marriages arranged by their parents here. Values and detachment regarding materialism was reported to change after being in America. One man said, "Just by being here in America, your cultural values change."

Coping Strategies Described by Participants

Two levels of coping strategies emerged from the participant's descriptions: The first level (or set) of coping strategies reported were used as survival techniques employed during the Khmer Rouge Regime. Survival strategies during the Khmer Rouge regime include: 1) Adaptation, 2) Buddhist endurance, and 3) Assertion. A second set of coping strategies emerged during the aftermath of the Khmer Rouge regime and through accommodating to American culture. Coping strategies during these years of multiple adversities and challenges include: 1) Adaptation, 2) Buddhist endurance, 3) Assertion and 4) New approaches

Characteristic means of survival adapting included cooperating, compromising, being flexible, and psychic denial. Cooperation coping included following and complying with the new rules or die, do as told, don't ask questions and work hard. Many compromised their values to steal food to survive the starvation. Being flexible, described as "following the bend in the river," meant to follow new rules for some while others felt that they had to be more self reliant and strong to survive. Many said that they could not depend on others. Since emotions and knowledge could be punishable by death or torture, some adapted through various forms of psychic or emotional denial. Some called these patterns of coping being a "scarecrow" and were demonstrated through becoming numb to feelings, not being able to hear, not being able to see, not being able to speak or smile, or pretending to know nothing.

Enduring suffering is a Buddhist approach to life since this religious philosophy recognizes all life as suffering. Many said that they must be patient, quiet, pray and accept the suffering conditions. Some said that one must suffer yet endure with a sense of determination and a will to stay alive, don't give up. One woman said, "You must tell yourself that you must stay alive."

A few asserted themselves during the Khmer Rouge genocide and managed to survive. These individuals spoke up, asked questions about inequities; while others asserted an active approach towards securing food through stealing. Two women reported that they developed their voice and courage to speak up during the most difficult moments under the Khmer Rouge. One woman actually took up arms against the Khmer Rouge after being recruited into their army.

Some of the survival coping techniques described above became the first step in developing the next set of coping skills. This next set or second step of coping skills are described below as changes in coping skills. These coping skill changes reported by the participants are outlined in the next section as new coping strategies and patterns of growth in the following domains: 1) Self perception, 2) Relationship with others, and 3) Life philosophy and 4) Pathways of growth as reported by participants. This is followed by an analysis of the results emerging from the guiding questions.

Pathways of Growth, Resilience and Thriving

Four domains of growth were found to be 1) Perception of self, 2) Relationship with others 3) Philosophy of life, and 4) New Possibilities (Tedeschi & Calhoun, 1999) Descriptions of self-perception include responses to questions about sense of confidence, personal strength, hope, optimism and compassion. The relationships' with others domain includes responses to questions about family and sense of community. Life philosophy includes responses to questions about religious practices and values, life priorities, and cultural influences. New pathways include responses to questions about important lessons that have been learned, community resources that have been helpful, and life turning points emerging from the life stories.

Self Perception

Thirty-nine of the participants reported an increased sense of self-confidence and personal strength. Two said that they have always been strong and one said that they were just average in strength and confidence. Three people said that the Khmer Rouge experience gave them obstacles and challenges that increased their strength. Some of the early survival coping skills forced many to develop a greater reliance on self, which later grew into assertion skills such as speaking up. Five women in Phnom Penh said that they now have more courage to speak out and to speak up. One woman discovered her strong voice when she spoke up and pleaded for her own and her children's lives during the Khmer Rouge regime. Another woman feels compelled to speak up during difficult confrontations and negotiate differences even when people are throwing rocks. Two other women said that they speak up for the rights of others. One woman said that she has more courage for intellectual and ideological pursuits but not for material things. A number of men in Phnom Penh speak up, argue and advocate for human rights issues. One man said that he uses his increased confidence to be actively involved in advocating for social changes and to help others live better lives. Many said that they feel more useful and are more driven to achieve now.

Participants in Lowell gave different examples of gains in confidence and personal strength. One young man said that he was able to analyze the contrast of his experiences in Cambodia compared to his experiences in America in a way that gave him strength, self-reliance, and self-pride. One woman said that she is stronger now because of the education opportunities here combined with knowledge gained from her life experiences. One young man said that his dreams of his deceased mother give him strength, guidance and motivation to search for the dream. He said that he must "take the opportunity to be the star."

When asked about hope and optimism, all participants reported increased sense of optimism and hope for the future. The majority had experienced feeling hopeless during the most difficult times or when anticipated hopes in the camps were not met. Participants in both Phnom Penh and Lowell reported that their life is better now and full of hope. In Phnom Penh, ten men and women said that they hope for a more just society; more secure future, and increases in human rights for Cambodians. For many in Phnom Penh, hope was tied to economic, political and social conditions in the country. One man who works for human rights issues said that he hopes for democracy but "it is a long walk."

One woman in Lowell said, "I have more life. How can you separate life and hope? I am happy now, that is my hope and the life is my hope." Others said that they have more hope due to increased opportunities in America for education, access to resources, and more freedom. Another said, "We lived in hell during those years of genocide. Here we live in a dream country."

When participants were asked about compassion and forgiveness, an interesting mix of responses emerged. In Phnom Penh, fifteen men and women said that their sense of compassion had increased. Their work shows the compassion and dedication they share for the benefit of others. They said that they were able to forgive the wrong acts that brought so much trauma and devastation into their lives. Nine said that previous Khmer Rouge have reintegrated into society in ways that are helpful and should not be persecuted. One man said that he was "100% compassion" since he gave more to others than to himself. Five said that their sense of compassion had decreased. One woman said that she used to have compassion for the poor before the war but that these same poor became her persecutors as the Khmer Rouge. Another woman said that she had sympathy for others but that she had to balance sacrifices for others with the needs of her family. Another woman asked how much compassion could we have before we burn out giving. One man emphatically stated that, "Compassion in this country is a fake."

In Lowell, many felt that they have become more compassionate. One woman said that she had learned how to transform the help and support that she received into the same for others. One man who demonstrates compassion through his work said that he is still learning about compassion. He said that he is learning about this through reading and through observing his friends and adoptive family. However, regardless of struggles around how compassion may have changed for some, the majority of the participants demonstrate great compassion for others through their work.

Asking for help was described as being able to have compassion for oneself in times of need or challenge. Gender differences emerged when Cambodians were asked if they were able to ask others for help if needed. In Phnom Penh, most of the men said that it was difficult to ask for help and that by tradition this was not acceptable for men to ask. One young man said that he did not ask but that his American friends offered to help. Several said that help comes naturally when you help others. The majority of the men and women said that is was important to rely on yourself, try to resolve issues on your own first, and to help others first. Some of the women said that they did not know how to ask for help. Several other women said that they first consider others ability to give and then their own ability to repay the assistance before they ask for help. Three of the women said that they were able to ask for help.

The majority of women and men in Lowell said that they could ask for help. One woman said that, "this is the healthiest thing that I can do. I was scared to ask but I got more than I expected. It makes me feel safe." Others said that this was something they learned how to do in America. Two of the men said that they still could not ask for help and two others said that this is still difficult.

Relationship with Others

Participants were asked about the significance of family in their lives and if these relationships had changed. In Phnom Penh, everyone said that family was very important. However, for many the quality and dynamics of these relationships have changed. Two people said that the family relationships were more harmonious and peaceful. Five people said that they have less time for their families now. One man said that his work is more important and that he cannot put his family above his work. One woman said that life is difficult with a husband who expects her to perform traditional women's roles and duties while she tries to balance a professional career as well. One man said that his family no longer knows who he is since they were separated for so long. Some had lost contact or knowledge about their family and said that their family was lost.

In Lowell, family members who were able to stay alive and stay together greatly appreciate their family. Half of the participants in Lowell are orphans and were adopted by American families. The majority of the orphans feel very close to their adoptive families. One woman discovered that her parents were still alive in Cambodia after she was adopted. But she said that she "cannot open my heart to them. I'm scared, maybe afraid of losing them again. I don't know them. Now my family is my love, my husband, my inner circle of friends, then my foster family, and then my family back in Cambodia." Another orphan discovered that his real mother was still alive in Cambodia. His mother had given him away to his aunt as a child so he feel that he is just getting to know his mother for the first time. Two said that they used to take their family for granted.

A sense of community for participants in Phnom Penh was described as sense of being Khmer, being respected, finding friendship, a supportive network and sharing resources. One Khmer American woman said, "Our work and our heart is in serving the community and our country." Several people found this sense of community at home with their family; others found this at work with colleagues, and others at the temple where they found a sense of friendly equality. Several said that a poor sense of security and a poor justice system damaged their sense of community. Three people said that the problems and challenges of survival had destroyed trust and that it was not possible to have a sense of community without developing trust again. One person said that a sense of community is the weakest part of her experience.

In Lowell, a sense of community was described as being experienced in a number of different ways. Most felt more comfortable within the Cambodian community rather than within the larger Lowell community. Many felt comfortable at work, with their friends, family and with special interest groups such as their dance troupe. There is an active orphan community in Lowell that supports a sense of community and sense of family for a circle of orphan friends who have reunited here from the refugee camps. In addition to the circle of orphans' community, there is another circle of friends who were lucky to arrive with some or most of their family here and this group also is reunited with friends made in the border camps. Yet even within the Cambodian community, many reported problems of distrust, gossip, and jealousy. Many said that they are trying to rebuild trust in the community through their actions since "People have learned to be suspicious of words, actions may be different. Rebuild trust by doing and being honest. Don't fight back. These are the new ways that I have learned here in America, I changed."

Life Philosophy

In Phnom Penh, the majority reported that they were Buddhist. Many believe that praying to ancestral spirits will bring help and guidance. Some believe in God or in Christianity. Six believe in using the principles and Buddhist concepts in their life as a form of philosophy rather than a religion. Four used to believe in Buddhism before the war but no longer believe. Several said that they have stronger faith in themselves. Two believed that religion is a form of social control and a waste of resources. One was angry that money from the outside was being used to rebuild so many temples instead of investing in education for the young. Despite the different religious perspectives, most had tolerance for religious differences. One said, "We each go on our own path and different paths lead to the same point."

In Lowell, many said that being Buddhist is a part of being Cambodian. A few follow the practices and commune with others at the temples on a regular basis. While others practice the rituals once in a while on special holidays. A few said that when they return to Cambodia, practicing Buddhism becomes more important to them. One said that many talk about Buddhism and Buddhist ways but find it difficult to practice. Others have adopted Christianity. And others blend both Buddhism and Christianity with animism. A few said that most importantly they believe in themselves first. Difference in religious practices were reported to cause dissention and fractures in the community. Some Cambodian-Americans in Lowell reported being criticized for not being Buddhist.

Participants were asked if their life priorities and values had changed as a result of their experiences. In Phnom Penh, many said that what had been important no longer seemed so important. Many found education to be much more important for themselves as well as for the future of the Cambodian youth. Many saw the importance of developing critical thinking skills, becoming better informed about politics, and raising the awareness of others in the process. Several thought that is was important to teach others how to be peaceful. Most thought that it was very important to give to society, create and build a new future in Cambodia. One woman wanted to get an education in revenge for her mother's death. Only one felt that his priorities had not changed.

In Lowell, changes in priorities were reported as being centered on education, opportunities and freedom in America. Several said that they appreciate everything now. Education was reported as being highly valued and life changing. Many said that their education opportunities here empowered their life. One woman said that education was therapeutic, healing and enhanced her understanding and appreciation of life. She said, "It heals the scar of what I've been through."

Cultural influences and suggestions regarding traditional health practices were reported in Phnom Penh. Women reported changes in cultural traditions that revolved around women's rights, equality, status and roles. Eighteen participants recommended use of traditional healing, fortunetellers, temple, monks, and Kru Khmer. Some recommend that there should be guidelines about traditional healing practices that suggest what is acceptable and what is not to be shared with the community. Some traditional practices that may result in more harm than benefit were included in the suggested non-acceptable practices to be discouraged.

In Lowell, a number of Khmer Americans said that they needed to balance the tension between being American and being Cambodian. They spoke of creating a flexible balance between the two cultures so that they could fit into both. Assimilation and acculturation tensions were reported as ongoing challenges experienced. There were differences of opinion and experiences regarding arranged marriages. Some women felt caught or trapped by this and other cultural traditions imposed on women. Most women wanted the freedom to select their marriage mate. Some men felt that they needed to follow the arranged marriage tradition so that they would not disgrace their family.

The majority of Cambodians in Lowell suggested that traditional health practices be offered along with modern or Western approaches to health issues. Fifteen people said that the belief system of the person needs to be taken into account and respected by health practitioners. One man said, "It depends on their life and ideas. Try to do what they want, if it is wrong; try to go with them and to turn them back. Straighten but don't break and go by education first." A woman said, "I recommend both modern and traditional approaches. But, even me, if I can't find a modern approach, then I go to a traditional healer. It is better to have two."

New Pathways

This domain reports on important lessons learned, community resources reported to be helpful, and major turning points on the pathway of growth and building resilience.

Ten Cambodians in Phnom Penh agreed that the most important lessons that they learned were to be more aware of politics, history, and to be more cynical of political messages. Several said that they have learned to ask more questions and to not believe or trust everyone. Several said that learning from experiences is most important. Several people spoke of transforming painful experiences to positive strengths as being the most important lesson. Four said that they had to be more adaptive and learn how to live with their enemies. One said that, "Life is suffering, but it is how we learn how to cope that makes a difference." Three said that we should be determined but not to work too hard. One said that they learned that difficult experiences shape who we are. Many were fighting for increased human rights. One man said, "If we stop then others will not be free."

In Lowell most important lessons shared by the participants varied. A number spoke of the changes in themselves. One woman said that she had learned that it is okay to make a mistake and to ask for help. Three said that they have learned not to blame themselves as they struggle with a sense of survival guilt. Several men said that they learned that it is okay to cry and to let go of anger. Two said that they learned to have compassion and forgiveness for those who hurt them. One woman said that, "the worst of times is the best of times since that is when one learns to apply what you may have read or studied." One man said that he learned not to procrastinate and to perform quality work through focused attention. One said that since he had lost everything, he learned that he could survive and rebuild from nothing. Nine said that it is very important to share the lessons and stories of Cambodian history and genocide stories with youth.

Community Resources in Phnom Penh were mostly NGO services that were supported through international efforts yet represented important cultural modifications to programs and services offered. A group of psychiatrists from Norway have been working with to train Cambodian psychiatrists as well as integrate Cambodian perspectives, concepts and approaches in their services and program strategies. Another group, the Transcultural Psychology Organization (TPO), is developing innovative, culturally appropriate literature, posters, outreach and services for Cambodians of all ages. An interesting phenomenon and trend that emerged from the interviews with thriving Cambodians in Phnom Penh, was that the majority of the participants not only learned how to mobilize resources for themselves, they had actually transformed themselves into becoming resources for others in the community. All had struggled to overcome their individual and collective traumas yet continued to take steps to become community leaders such as directors of NGOs, high-ranking ministry staff, educators, doctors and community organizers. One woman said that, "to improve communities in Cambodia that there needs to be more sharing and better support networks so that people are not forced to steal or become thieves." Despite the prolific community resources in

Phnom Penh, many said that access to resources remains an issue. Several men and women also spoke of the ongoing distrust and gossip that exists at the community level.

Community resources reported to be helpful in Lowell were temples, traditional dance troupes, CMAA programs, and education opportunities. The majority spoke of education as a crucial resource that has been very instrumental in supporting participant positive change and growth. Some participants had teachers who inspired, encouraged, counseled and consoled them while others felt that what they learned in school changed how they analyzed and came to terms with some of their experiences. For some the fight or revenge against the history of trauma meant getting revenge through securing an education. Others spoke about how their adoptive families had been supportive, understanding and loving. Good adoptive families exposed Cambodian orphans to both cultures. So having temples and Cambodian celebrations available in the community were important. Others felt connected to their community through the work that they are involved in such as outreach and education. Many felt welcome in their Cambodian community and appreciated their reunion with friends from the camps. A few spoke about access to counseling services that were helpful in dealing with history.

A number of people in Lowell also spoke of their great appreciation for democracy, freedom of speech, freedom of choice, increased opportunities here and how they valued their citizenship. Others said that there were more resources here but that sometimes they did not know how to access these resources. Many also spoke of gossip, distrust, competition, political or religious differences and class distinctions that divide the community.

Turning points on the pathway of resilience and positive growth were reported. In Phnom Penh several women spoke of dramatic turning points on their pathway of resilience and growth. Each of these women had gained the confidence of speaking up to advocate for themselves as well as others. In addition to gaining a voice, each had developed new approaches to problem solving. One woman said, "It's most important to try different strategies. They had guns and grenades but I was not afraid. I talked to them and tried to explain. I risk my life doing human rights advocacy and action."

Many had more courage to engage in active problem solving and negotiate extremely difficult situations with angry and violent people. A number of these individuals risk their lives to teach others how to explore conflict issues, discuss possible next steps, decide on action required, publicly argue for changes in public policy, share information, and advocate for others. Another turning point for a number of individuals was reported as having a dream or a vision with a parent who shared an inspiring and nurturing message. One man said, "My father came to me in a vision. He said that I needed to focus on my new life." A woman said that she always remembers the teachings of her father and has visions and memories of his good work in the community. Not sharing everything was also reported as important as several said " I remember things but I keep them in my heart."

In Lowell, Several people said that coming to the US was like being a newborn and that this is their second life. One young man had a dream of being reunited with family and having food while he was starving on the streets of Cambodia after the war as an orphan. This dream gave me a desire to search for that dream. He also had a dream of his mother coming to him and sharing powerful messages that he says, "I will carry the power and the courage of my mother's messages with me for the rest of my life. My mother was up in the stars, so I reached for the stars. I had to take that opportunity to not let the star drop and to be the star. I don't want to go back, so I have to make my life a success. I have a lot of opportunity here. If I don't take these opportunities then I do not know who I am and I would feel ashamed."

These dreams served as a powerful image and guiding motivator that shaped this man at a young age. He continue to reach for the stars of success that he hopes will bring him peace, stability, make his mother who watches over him from above proud, and create a heaven on earth.

Another orphan in Lowell says that he realized that he is the only survivor from his family. That his survival is a gift and he believes that he has been chosen as a messenger. He is driven to do something to help his people here. He said that he receives strength and a sense of purpose in working with his people. He uses his personal story to teach and touch the hearts of youth. What he did not have in Cambodia he strives to give to those, especially the youth in Lowell.

Cambodians in both communities were asked to describe and or define mental health, resilience and thriving in their own words and from their perspective. In Phnom Penh many said that this is difficult to explain. One man said that, "Our whole society is traumatized, so problems are normal. It's difficult to discriminate between healthy and sick behavior, especially when people don't talk. There is a lot of misunderstanding. Mental health is a new Khmer concept. We don't have the words and use western words. My roles in the mental health field encompass: teacher, doctor, counselor, supervisor, soldier, planner, and writer. There is a growing effort to combine mental health with medicine. We don't have a good word for mental problems, mental crisis, or health. Words we use are shameful for the family."

In Lowell, a number of participants said, "someone who doesn't give up, faces situations, works for good change, consults with others and tries to make things better." "Some one who is physically and emotionally strong, know their ability, strives for education, knows how to access information and answers on their own." "Someone who does good service for the community, not for personal gain. Is at peace with and come to terms with your experience." "Quiet, smiles, walks straight, alert but calm in mindfulness, aware, teach when there is a readiness to learn, don't teach people without their permission." Someone who listens, thinks, asks, writes, tests and practices.

Patterns that emerged from the interview responses are outlined next. Similarities and differences found in the tow communities are summarized in the following chart and are further elaborated in the discussion section.

Table 3 Pathways of Growth

Community	*Characteristics*	*Community Resources*	*Cultural Resources*	*Pathways of Growth*
Phnom Penh	Self Reliance Self Confidence Assertive Optimism Endurance Drive Flexibility Resourceful Generativity	Family Friends Colleagues Temple NGOs Ministries	Culturally Modified Programs Traditions Fortune Tellers Monks Kru Khmer	Determination Risk Life Vision/ Dream Voice Advocate New Skills Gains in Knowledge & Experience Community Service
Lowell	Self Reliance Self Confidence Assertive Optimism Endurance Drive Flexibility Adaptability Generativity	Families Adopted Families Camp Friends Colleagues Temples Education Economic Freedom Democracy	Monks Fortune Tellers	Determination Vision/Dream New Skills Gains in Knowledge & Experience Community Service Sharing Story

As shown in Table 3, the participant's years of trauma and multiple adversities were mediated by a number of community and social factors. Through using the life narrations and interview responses as a form of data, the previous stressors listed in the section on trauma, loss and adversity were connected with mediating influences and resources that led to the following patterns of transition and pathways of growth. Mediating community, environmental and individual influences that helped to offset risk, years of trauma and multiple adversities are discussed in the next section. Given the multiple adversities experienced over a number of years by the participants, each respondent described mediating influences and resources that were helpful in restoring a sense of equilibrium and served as a transformative pathway towards building resilience.

Chapter 5

DISCUSSION

This present study set out to investigate differences in Cambodian resilience and thriving as measured by the culturally modified thriving scales (PTGI, SRGS, & TS). Particular attention has been paid to how individual coping processes and ecological factors played a role in developing resilient and thriving responses to years of trauma and adversity experiences. This exploratory research began with the conviction that recent theory, research, and theoretical models on stress related positive-growth warrant the integration of cultural and socio-historic factors. Remarkably little attention has been paid to the centrality of culture by investigators interested in thriving.

Ecological approaches used in this study to investigate links between trauma and resilience and thriving integrated the centrality of culture. Principal findings in this study illustrated the roles of culture and broader social influences in the lives of forty-two Cambodians. Individual coping methods, social resources, culture and community systems were reported by participants as helpful in facilitating and supporting growth and pathways of resilience and or thriving in Lowell and Phnom Penh communities. Self-reliance, optimism, education, and Buddhist philosophies and practices were found to be the main indicators of resilience and thriving patters among Cambodian survivors of the Khmer Rouge regime. The following discussion highlights interesting patterns of Cambodian resilience and thriving as well as unexpected lessons emerging from this study.

Trauma, Loss and Adversity

The majority of Cambodians interviewed for this study, transformed trauma, loss and adversity experiences into beneficial or positive growth. Many women gained a voice and increased self-confidence to argue for their life, rights and to negotiate challenging situations with new problem solving skills and resolution. A number of men had dreams or visions that served as a form of life guidance and encouragement that shaped life trajectories. In an existential way, dreams and visions became a link to important lost relationships that in turn provided individuals with a sense of ongoing support, attachment and reason to engage efforts to survive, cope and eventually thrive. Participants in this study rebuilt their support network, recaptured lost time for education, relocated a lost childhood through working with youth, shared important lessons with others, and rebuilt a personal and cultural identity. Participants demonstrated a strong sense of self-efficacy through their determination to work things through rather than give up (Bandura, 1986).

All participants were engaged with the transformative struggle of "processing trauma into growth" (Tedeschi, 1999, p 327). This struggle of growth surpassed the individual level and was shared with others through social action that became transformative support for other Cambodians involved with such struggles (Tedeschi, 1999). All participants in this study are described by Bit (1991) as the "ascendant personality" who he characterizes as flexible, creative, and resilient through following the "curved path." A number of participants talked about their "positive revenge" that was achieved through education and through developing a "generativity script" which reflected merits and a living legacy of those who died in the killing fields (Gabarino, Dubrow, Kostelny, & Pardo, 1992; Tedeschi, 1999).

Positive growth and change occurred over a number of years for all Cambodians interviewed for this thesis. However, the co-occurance of well-being and distress was commonly reported by most of the participants (Aldwin, 1994; Tedeschi & Calhoun, 1998). Quite a few Cambodians reported sleep disturbances, flashbacks, unresolved anger, anxiety, grieving and sadness over losses.

Coping and Survival Strategies

The development of self-reliance was a big factor for many who managed to cope and transform difficult histories into strengths. Results from this study indicate that problem-focused coping fostered beneficial outcomes in dealing with trauma and multiple adversities (Aldwin, 1994; Carver et al., 1993). Findings of this research concur with Carver's (1995) hypothesis that one may learn how to be a self-perpetuating resource through the development of self confidence and successful coping strategies. A striking characteristic of all Cambodians interviewed for this thesis was each participant's role as a transformative social leader in their respective community (Tedeschi, 1999). In Phnom Penh, many participants risk their life in order to push for social changes and human rights in Cambodia. In Lowell, many participants interviewed model a bi-cultural path of resilience and thriving that brings harmony, a sense of equilibrium, and restitution of a Cambodian way of life for themselves and their community in Lowell.

Pathways of Step by Step Growth

For all Cambodians, the possibility of returning to a status quo or a solid base of Cambodian security to which one can return does not exist. Key turning points and lessons learned discussed in this study begin to describe how some Cambodians have coped with their years of trauma experiences in ways that have been transformative. A number of researchers assert that transformation of trauma experiences turns on key cognitive shifts that emerge in response to challenge (Carver, 1998; O'Leary, 1998; Tedeschi & Calhoun, 1995). For most of the Cambodians returning to their home or village, they found that not only did they return to nothing but that the world, as they had known it before no longer existed. They were forced to develop new cognitive frameworks and assumptive worlds to survive and make sense of the Cambodian genocide. For Khmer in Phnom Penh and Lowell, efforts to redesign and rebuild their assumptive worlds shaped cognitive shifts and added meaning to trauma experiences in ways that established new pathways of resilience and thriving.

Community and Social Factors of Resilience and Thriving

Patterns of resilience and thriving were reported at individual, family, community, national and socio-cultural levels. Differences among Phnom Penh and Lowell participants emerged at all levels. The most predominant differences that emerged from this study occurred at community, social and cultural levels. In Phnom Penh, community and social resources are developed with cultural sensitivity in partnership with Cambodians. However, grinding poverty, corruption, and mistrust of political influences in Cambodia remain barriers for most Cambodians to overcome in addition to healing and coping with trauma, losses and adversities. In Lowell there is greater access to education, economic security, freedom of choice and democratic processes yet services and resources are rarely culturally sensitive. Both communities struggle with issues of broken trust, gossip, and competition within the Cambodian communities.

Trust is both a cultural and psychological attitude that is complicated by collective Cambodian experiences of war, violence, arbitrary torture, betrayal and death for those who may have trusted and shared their "heart". The Khmer term for trust is "heart' or "jat" (Daniel & Knudsen, 1995, pp 37). For most Cambodians, such experiences fostered a sense of safety through anonymity. Patterns of mistrust developed under extended war-time and refugee camp interment represents fundamentally human responses to situational factors and influences. A survival mode of interaction with others seems to be a typical pattern not just for Cambodians but also for others who have experienced such devastating traumas. Cumulative trauma experiences and socio-historic factors create a social legacy of trust issues that include interpersonal distance and breakdown of community support systems. However, what is important now is how can Cambodian community support networks be rebuilt in ways that truly encourage trust and empowerment processes that develop beyond rhetoric?

Avenues for conflict resolution, power sharing and trust building are suggested in the section on community impact. O'Leary and Ickovic (1996) stated that thriving differs across communities and individuals and can change over time. Findings from this study were most consistent with the Tedeschi and Calhoun Trauma and Transfomational model (1995). For the majority of Cambodian participants, it was apparent that they had developed a generative urge or "script" to share important lesson learned with others, contribute to the strengthening of others and to participate in rebuilding their country and community relationships (Tedeschi, 1999). As communities incorporate multiculturalism into programs, resources and services, the need for new models of thriving and forms of program assessments may become more apparent.

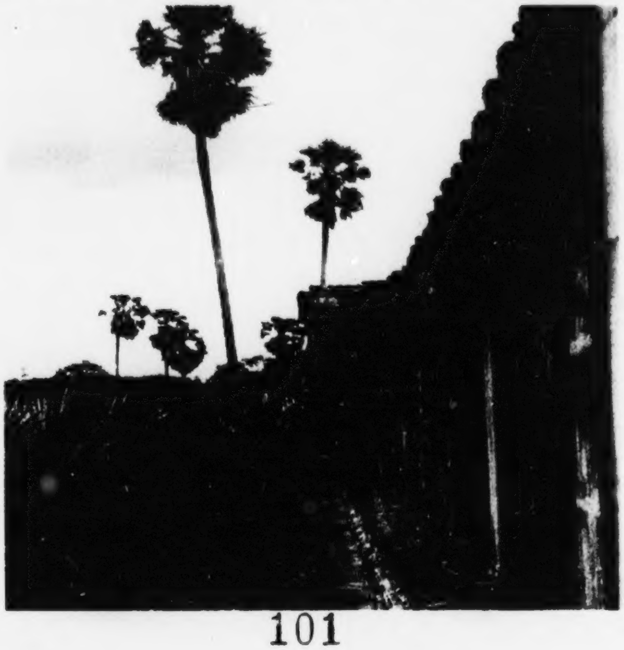
Cambodian Model of Thriving

Culturally irrelevant and insensitive services tend to be avoided by Cambodians. For community services to be effective and culturally appealing to Cambodians, they need to address Cambodians beliefs about the nature of suffering, healing, and life philosophies. The desire to preserve a historical and cultural Cambodian identity was reported by Cambodians in both communities (Karakashian, 1998).

Definitions of resilience and thriving reported in this study are similar to the O'leary and Ickovic's model (1995), which states that a person who thrives knows how to mobilize individual and social resources. However, actions and reported definitions of resilience and thriving differ from this model in several ways. Definitions of resilience and thriving shared by Cambodians reflected Buddhist perspectives. For example participants said that one who is not distracted, walks erect, is at peace with themselves is resilient. In addition, Cambodians who survived and rebuilt from nothing, actually evolved beyond the definition of just mobilizing resources for themselves. They have become the resource for others and a social catalyst or agent of change to motivate others along their path of recovery. Through sharing their lessons on their path of resilience and thriving, they assist others in finding their way, "step by step."

A Cambodian model of resilience and thriving should use Cambodian imagery that coincides with a Cambodian explanatory model of wellness, resilience and thriving. Culture entails symbolic worlds and is not static but rather a dynamic and emerging process. A Cambodian model of resilience and thriving could link past cultural strength to present patterns of healing and growth and to future interpretations of an ideal Cambodian and Cambodian community (here and in Phnom Penh). A model that reflects cultural strength seen in the Siem Riep temples could be developed and adapted in a ways that incorporate a Cambodian explanatory model. The Angkor Wat Thom temple is the largest and most well recognized temple. The Neak Prean temple is a place of healing that is represented by the four elements, earth, wind, fire and air. Using these two temples (Angkor Wat Thom temple below) as a foundation of Cambodian imagery is suggested to outline Cambodian paths and models of resilience and thriving. It is important to show that the stories of trauma can be transformed to reflect both the strength of the culture and the resilient strength of contemporary Cambodians.

Cambodian Model of Resilience and Thriving



Using Cambodian imagery as the basis of an explanatory model of Cambodian resilience and thriving, creates a cultural foundation to support concepts of wellness and ecological factors and dynamics that are described and defined from a Cambodian perspective. Development of such a model should occur in partnership and in consultation with the Cambodian community which could take place in the context of focus groups and capacity strengthening workshops that take place in the community. Additional suggestions are outlined in the conclusion of this thesis.

Methodological Limitations

This section provides a general overview of the interview process and questions that arise in its' practice. In the proposal stage of this thesis, the interview scale employed both quantitative and qualitative measures. Although the original intention was to replicate recent studies and compare outcomes, utilizing an Americanized rating scale proved problematic. Assigning numerical degrees to trauma experiences was not a culturally appropriate nor sensitive approach. Moreover, translating and explaining a Likert-type scale in Cambodian proved difficult and brought into question whether the scale was understood by the participants. However, the quality and depth of responses were enhanced through employing a qualitative open-ended question approach. This became an opportunity to further explore coping processes and trauma related growth within a conversational style with additional probes pertinent to participant stories as these were revealed.

Most Cambodians have not shared their stories of trauma. Therefore, it was most important to acknowledge the profound difficulties that have been endured by

Cambodians. It was easier for participants to respond to questions that were separated into pre-trauma, trauma and post trauma timeframes. As Cambodian stories were revealed during the interview, the sequence of interview questions shifted to match the narrative being shared. At times a positive reframing of revealed experiences was suggested to participants. Many participants reported that the sharing of their story was therapeutic. This methodology approach capitalized on the moment yet brings into question the validation of self-reports and researcher values, perspectives and interjections.

It is possible that translation errors may have occurred before, during and after the interview process. Attempts to control for translation errors and "saving face" possibilities were accomplished through including a trusted Cambodian-American friend who performed as a cultural broker and interpreter. In addition, several other Cambodians were consulted and paid to assist with translations of written consent forms and taped interviews. Both the researcher and the Cambodian research colleague who assisted with the interviews were observant of Cambodian traditions and social behavior before, during and after the interview process in an attempt to control for cultural differences.

This sampling data represents the "ascendant personalities" who are well educated and were able to secure resources (Bit, 1991). During the process of this research in Cambodia I learned that I needed to be flexible and accommodate my research plans to include allowances for unexpected and somewhat challenging contingencies. For example, remaining with a tested formal thriving instrument became impossible while in Cambodia.

Researcher's Experience

In Cambodia, I learned first hand about current conditions, history, political and socio-economic issues and community struggles. Social justice and economic equity remain areas of challenge that impact the lives of many in Cambodia. A social hierarchy or class structure exists in Cambodia that levies discrimination against poor, uneducated, and rural populations. The final collapse of the Khmer Rouge along with the joining of Prime Minister Hun Sen and the royalist party Funcinpec has ushered in a sense of peace in the country. However, there has been no serious institution building, capacity strengthening of communities, or collaborative partnerships between government, NGO's and the communities. With over 200 NGO's in Phnom Penh, there exist replication of services and at least half the population is undernourished or malnourished. Landmines are still an issue that renders land unusable and increases the numbers of handicapped individuals. The arrest of Ta Mok and Duch, Khmer Rouge cadres brings both the opportunity for a trial as well as the fear of retraumatization for many Cambodians (Cambodian Daily, 1999). Justice is a new concept in Cambodia, especially for the uneducated.

Travels and interviews in Cambodia for almost seven weeks greatly enhanced my understanding of Cambodian culture, traditions, history, suffering and amazing resilience. Returning to Lowell, my relationships in the Cambodian community have deepened with understanding that is welcomed with even greater openness, respect and warmth by Cambodians in this community. Cambodians in Lowell approach me more often now to share their difficulties and requests for assistance. Many say that now I understand who they are. One woman recently walked up to me and said, "You are the person of my heart." This woman, a complete stranger, was communicating her trust and appreciation for my ease and pride in wearing a beautiful krama (Cambodian scarf).

Arriving in Lowell a few years ago, opportunities to develop meaningful relationships in the Southeast Asian communities emerged through personal interest, university coursework, and employment. Initial interviews with staff at the Cambodian Mutual Assistance Association (CMAA), a human service, non-profit agency that serves the Southeast Asian communities in Lowell, was complemented by numerous interactions at the temples. As a team member of the Southeast Asian Environmental Justice group based at UML's Center for Family, Work and Community, opportunities extended to include work with the CMAA in conjunction with the Lowell Department of Public Health, the Lowell Community Health Center, and UML's Work Environment and Nursing Departments. Together, we worked to evaluate environmental health hazards that Southeast Asians are exposed to in Lowell and to develop multiple strategies for outreach, education, and communication regarding local health issues and environmental hazards. In addition, I collaborated with the chair of the Work Environment to develop culturally appropriate risk assessment tools for the CMAA staff. Concerned about the "holes in the hearts and the holes in the pockets" of Cambodians, I also became involved in community economic development endeavors that focused on benefiting our Southeast Asian communities (1997 interview). This led to the development of an urban aquaculture demonstration project in the basement of the CMAA.

A strategy emerging out of our environmental justice outreach, acknowledged the significance of water in our lives in ways that brought together the cultural communities.

Using water as a vehicle to link cultures, integrated education regarding environmental issues. Rather than a didactic approach to information sharing, this presented a celebratory method that recreated a traditional Southeast Asian Water Festival along the Merrimack River during the month of August. My work for this festival focused on building relationships with the Cambodian spiritual leaders, which resulted in learning invaluable insights regarding Cambodian culture, values, history and behavior. Growing temple relationships with a head monk, several nuns, president of the Buddhist supporters, and other Buddhist temple followers allowed a special insider-outsider experience and perspective that grew out of a number of events such as: an invitation to be a nun for a day in a temple ceremony, honored at a blessing ceremony, invited to prepare food for the temple monks, temple introduction to the King of the Hmong, experiencing a metaphysical union of opposites with nuns, invited to family home blessings and recognized in temple literature. Over the course of these experiences, a number of Cambodians at the temple and in the community became my cultural as well as Buddhist guides who also trustingly confided past and present difficulties.

During my experiences in Lowell and in Cambodia, my understanding of Cambodian culture has grown immeasurably through both intimate and professional experiences over the course of these interesting projects, personal outreach and thesis work. There is a part of me that resonates to a Cambodian way of connecting with life. Inevitably, I have grown to love, respect and care for this community, people and country called the Kingdom of Cambodia. It is out of caring and fascination that I have undertaken the challenge of this thesis enterprise. It is my genuine desire that the content and results of this undertaking result in usable recommendations and helpful information for the community, especially the Cambodian community.

Conclusion

Through the course of this thesis work, I discovered that this type of research couldn't be done well without investing the time to be familiar with the cultural context, traditions, beliefs, psycho-social issues and community systems first. It takes time to get to know the community, systems and to create connections of understanding and trust and rapport. In Lowell, I had already put in the time to build these relationships and linkages within the Cambodian community. Relationships and trust were importantly acknowledged and built prior to the interview process in Cambodia, having a Cambodian colleague was critical to the success of this process. He was known, admired and trusted by the Cambodians in both communities.

Better understanding of Cambodian processes of coping, healing, and growth in terms defined by Cambodians provide information about how communities such as Lowell can be more proactive in their approaches towards supporting culturally sensitive resources. Terminology such as refugee, victim and survivor connote lack of power, create social alienation, and label people based on models of deficit or pathology. Creating bi-cultural models of thriving and developing a better taxonomy of terms to describe strengths of people who have endured so much could shift our thinking, perspectives and actions in ways that are more health supportive.

Integrating Buddhist principles, which are similar to cognitive psychology in many ways, would be more familiar and possibly useful for Cambodians. Buddhism recommends the development of mind, heart, body and spirit in balance. In other words, there is no split or separate categorization of these areas as in Western thinking. From a Buddhist perspective, suffering is the catalyst to examine one's life and experiences. The addition of detachment to the realization of suffering can lead to insightful turning points and personal quests for meaning in life. Eastern and Western methods of examining life experiences differ yet the focused purpose is to achieve life lessons with equanimity.

Dr Ka Sunbaunat, a psychiatrist in Phnom Penh, recommends that Buddhist principles be connected to Cambodian models of healing (Cambodia Daily, 1999; Daniel & Knudsen, 1995; Phnom Penh interview, 1999). He suggests that the notions of karma can be used to think of karma as being created in the moment. In other words, through positive karma created in the present we can transform our future and therefore, generate more hope.

Community and Social Psychology Roles

There are critical roles for community and social psychologist to consider as attempts to create supportive community environments for Cambodians and other community members who have been marked by brutal war experiences are being considered. Psychosocial empowerment has been key to building local capacity of refugees for leadership, self-help, social mobilization and culturally appropriate healing (Emerson, 1997; Wessells, 1999). Proactive promotion of intercultural models of wellness (that integrate physical, mental and emotional) at the community level could help support patterns of wellness and coping, resilience, thriving and adaptability at all ecological levels.

Community and social psychologist could play a role in developing and supporting culturally sensitive perspectives and models of mental wellness. Intervention approaches at the community level could include more cultural rituals that emphasize empowerment, healing, relieve stress, and focus on Cambodian strengths rather than deficits. We could collaborate more with the Cambodian community to identify healing methods, wellness indicators in ways that include different worldviews and inherent philosophical assumptions. Following is a list of suggestions for consideration:

- Develop community-based models of public health
- Support bi-cultural models and teams
- Question medical explanatory models of refugee experiences
- Learn more about models of "socially engaged" Buddhism
- Nurture Cambodian confidence, hope, and desire for education
- Create community support for Cambodians to share their stories
- Address economic disparity
- Support voices and leadership of Cambodian women and nuns
- Create new connections and linkages with people who are socially and linguistically isolated.
- Create more places for Cambodians to gather, to have a sense of place
- Utilize the city's racial and ethnic diversity as an asset
- Host strength training workshops for Cambodians so that there is a wider recognition and identification of resilient strengths and lessons learned
- Involve Cambodian community in a GIS mapping of cultural resources available in the community
- Invest in Cambodian youth and elders
- Develop additional sports programs for Cambodian youth for positive anger expression and managment
- Include traditional support systems such as fortune tellers in programs
- Collaborate across community sectors to reinforce each others work

- Support local leadership and responsibility
- Build participatory roles and ownership in community
- Explore how our community may rebuild and recover trust together

Community Implications

Through the process of interviewing Cambodians about their life story it became apparent that the sharing of one's story is an unmet need in our community. Many said that this was the first time that they have shared their story. As a community, we could develop creative ways to integrate important storytelling that is an important part of oral traditions. Telling one's story is the first step towards reframing experiences to include positive growth that has occurred or may be enhanced. Re-creating one's story or creating a new story has transformational value that may occur at the community level. Deconstructing and demystifying one's history also helps with the reconstruction of one's identity. Story telling represents an ethnocultural approach for newcomers to grapple with multiple realities and blended cultural identities. As one young but wise Khmer-American woman said, "When you name it and put your heart into it, it loses power over you" (Lowell interview, 2000).

These stories are more than just war and genocide narratives. They are also stories of hope, love, courage, growth, and resilience of individuals and their families. The telling of Cambodian stories could exist within the context of educational programs. Children could interview their parents, then write about the stories and lessons learned, as well as Cambodian history. This could serve as a bridge between the generations and ease intergenerational tensions with greater understanding. There could be small forums in the community to support storytelling. Plays could be developed to retell and enact

Cambodian stories in ways that integrate culture, religion, dance, and healing. Art such as poetry, music, dance and theater have been very therapeutic in retelling and reshaping stories.

In addition to storytelling, schools and community groups could host small focus group for different generations to get together and discuss the different set of challenges that each face. This strategy has been quite successful in central California (personal communication, 2000). Parenting education could be integrated into community programs. Mutually beneficial student exchange programs between Cambodia and Lowell could be explored. Transfer of technology and sustainable approaches of community economic development could also be explored with the assistance of and collaboration between the University of Phnom Penh and the University of Massachusetts Lowell.

Buddhist approaches could be more fully integrated into both the sacred and secular settings as it is traditionally done in Cambodian culture. Monks could become much more "socially engaged" and involved in community outreach through exploring new approaches to problem solving at the community level. Nuns should also be included in this strategy and given recognition and respect for their roles, experience and leadership potential. The Nuns Association for Development and Buddhism for Development programs in Cambodia use a systems approach toward healing and community development (Emerson, 1997). Buddhism, similar to psychology, strives to restore a sense of harmony and equilibrium in mind and in actions of daily life.

At the local, state, national and international level, efforts to acknowledge cultural and family losses could be memorialized through efforts to develop a museum of

Cambodia culture and lineage. Conferences that create exchanges of information and build support between Lowell and Cambodia could be mutually beneficial and build community capacity. A number of women in Cambodia have many lessons and strategies to share with women in the Lowell community. As one returning Khmer-American says "being a woman in Cambodia is not that easy."

Future Questions

Many communities in the US and in other developed countries have become or may become host to refugees/ immigrants from brutally war torn regions of the world. Men, women, and children who have survived extreme situations of ethnic hatred, famine and civil war arrive with needs beyond just surviving and "becoming newborn again" (Lowell interview, 2000). Cambodians in America and Cambodia recommended that efforts to build Cambodian communities must begin in the US first and follow with efforts to rebuild in the homeland. Educational opportunities available in the US was reported by many participants as a primary turning point that may directly and indirectly help to rebuild Cambodia through returning Khmer Americans. Yet for many Khmer Americans returning to Cambodia is a difficult experience. Returning to the homeland is met with resentment, almost a form of reverse racism and perhaps some animosity towards the good fortunes of another. Some Cambodians express a sense of betrayal towards Cambodians who left and say that they do not know what suffering is and that they need to learn about the culture all over again. However, with increased opportunities to exchange information, offer technical assistance, and explore socio-economic linkages in addition to education, it is possible to change such attitudes.

A number of questions remain as well as new questions have emerged from this study. For example:

Do coping styles act as a catalyst or precursor to cognitive shifts that later assist with the transformative process?

How do we include the centrality of culture in definitions and assessments of resilience and thriving?

As a community how do we integrate the Cambodian notion of teachers as second parents in a way that holds mutually beneficial outcomes?

How do community and social psychologists develop better approaches to community research and action in ways that are not only culturally sensitive but advocate for social and economic justice?

How do community and social psychologists play a role in shifting the focus on pathology of refugees to include indicators of well-being, resilience and thriving at individual, community, national and international levels?

The year 2000 is the twenty-fifth anniversary of the Cambodian "Killing Fields." As we consider communities "awash with refuges," we must collectively learn to embrace peace, opportunities for unification, compassionate understanding and action, and evolving as a species in thought, spirit, and deed (Daniel & Knudsen, 1995). In closing I would like to share this inspiring statement from one of the participants: "We are not yet free from problems. It's most important that we support each other and keep role modeling for each other. Our suffering and millions of others around the world who have suffered, has meaning for peace. The lesson to learn is not just at the individual level but for all of humanity."

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Appendix 1:

Informed Consent Form

UNIVERSITY OF MASSACHUSETTS LOWELL
Institutional Review Board
Informed Consent Form

Page 1 of 2

Date Prepared: April 1, 1999

Project Title: Pathways of thriving and resilience: Growth responses to crisis and trauma in two Cambodian communities.

Researcher(s): Cheryl D. West

Approved for use by the
University of Massachusetts Lowell

Institutional Review Board

Signed:
IRB Chairperson
Dr. Stephen Moses

Date of Approval
07/19/99

This Informed Consent Form is valid for a period not to exceed one year from the date of approval appearing above.

Purpose

You are being asked to participate in a research study **Pathways of thriving and resilience: Growth responses to crisis and trauma in two Cambodian communities,** which involves answering questions about a difficult event in your life. Community psychologists are interested in understanding how some people grow and thrive as a result of difficult and stressful experiences. One way to better understand a positive response or beneficial change after a stressful experience is to ask people to report their experiences and resulting changes. This interview and questionnaire will be given to approximately fifty to sixty (50-60) Cambodians. Twenty-five to thirty (25-30) Cambodians will be interviewed in Phnom Penh, Cambodia and another twenty-five to thirty (25-30) Cambodians will be interviewed using the same questions in Lowell, Massachusetts during the summer of 1999.

Procedure and Duration

You will be asked to respond to a 30 item oral questionnaire and interview. Each one on one interview will last about 40 to 80 minutes depending on how long it takes each participant to respond to questions. Due to linguistic differences and the need for translation of interviews conducted in Khmer, these interviews will be tape recorded or videotaped. Tape recording and video taping will occur only with participant informed consent. In addition, the tape recordings and video recordings will be confidential and will be destroyed within three years.

Risks and Discomfort

There are no significant risks involved in being a participant in this study, although some participants may feel uncomfortable in responding to some questions. You will not be required to answer any question you feel is inappropriate. There may be a slight possibility of some psychological discomfort in remembering and relating information about a previous stressful incident. If this should occur, it should be of a short duration. If you experience discomfort, please discuss this with the researcher. Please know that you are free to discontinue the study at any time.

Benefits

Participation in this study may increase understanding of how people grow and thrive as a result of stressful experiences. Because anonymity and confidentiality is guaranteed, the study is an excellent way to share information and lessons that you may have learned with others. There is no other benefit, other than the knowledge that you will be helping to bring increased insight into recommendations for community-based refugee programs and services. You will be paid ten dollars as a token of appreciation and small compensation for your time and participation in this study.

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Refusal or Withdrawal of Participation

Participation in this study is completely voluntary, and your participation, or non-participation, will not affect other relationships (e.g., CMAA, HPRT, temple, employer, school, etc.). You may discontinue your participation in this study at any time without penalty or costs of any nature, character and kind.

Privacy and Confidentiality

Every precaution shall be taken to protect your privacy and the confidentiality of the records and data pertaining to you in particular and the research program in general, disclosure of which may contribute to identifying you specifically to persons not related to this research program. Examples of precautions to be taken would be: Destruction of raw data; removal of identifiers linking subject to data, etc. Audio/video tapes will be destroyed at the end of three years by June 2002.

Additional Information

If you do not understand any portion of what you are being asked to do or the contents of this form, the researchers are available to provide a complete explanation. Questions relating to this research project are welcome at any time. Please direct them to Cheryl West, the Researcher, or Linda Silka, Ph.D., the Faculty Advisor, at the following addresses:

Cheryl West
Center for Family, Work, & Community
University of Massachusetts Lowell
Wannalancit Mill
600 Suffolk Street, 1st Floor
Lowell, MA 01854
Campus Tel.: (978) 934-4683

Dr. Linda Silka
Center for Family, Work, & Community
University of Massachusetts Lowell
Wannalancit Mill
600 Suffolk Street
Lowell, MA 01854
Campus Tel.: (978) 934-4675

I have been informed of any and all possible risks or discomforts.

I have read the statements contained herein, have had the opportunity to fully discuss my concerns and questions, and fully understand the nature and character of my involvement in this research program as a participant and the attendant risks and consequences.

Research Participant Date	Guardian/Legal Representative (if applicable) Date
	Agency Official (if applicable)
Researcher(s) Date	Faculty Advisor Date

Appendix 2:

Interview Instrument

Thriving and Resilience: Growth responses to crisis and trauma in two Cambodian communities

Cheryl West

Interview Guide

Most people do not talk about their difficult, stressful life experiences. However, when people speak about these experiences, many talk not only about the negative things but also the positive things that have happened after traumatic events. I would like to discuss both the negative and the positive things that may have occurred in your life as a result of stressful and traumatic events in your life.

I have been interviewing Cambodians in Phnom Penh and Lowell about their life experiences. Many talked about their difficult experiences and profound losses they suffered and endured. Both men and women talked about how they managed to survive and cope. They also shared some of the most important lessons that they learned. I would like to hear more about your life experiences, challenges and lessons. I have chosen to speak with you since you are visible in the community as a Cambodian who has developed the capacity to transform your past difficulties into a personal expression of resilience.

1. First I would like to begin by asking about your life history. Would you please share a brief overview of your family, education, and professional background? What was your life like before 1975? During the Khmer Rouge? After 1979?, Do you know your birth date, or approximate age?
2. Over the last 25 years or more, Cambodians have experienced multiple hardships. Some say this is the story of Cambodia. I would like to ask about difficult times in your life. It would be very helpful to better understand the profound challenges that you have struggled and coped with. If you feel comfortable talking about this, would you please share what have been the most difficult experiences for you?
3. In your opinion, what do you believe these experiences may have destroyed, damaged or impaired in you or you're for your life? What losses have you endured?
4. I also asked people how they survived, coped and sustained themselves during the most difficult times. What has been the most important coping strategy that you used to survive in Cambodia? In the camps? After the war? In Lowell? Are there new ways that you have learned to cope with adversity? What do you see as being the most helpful strategies for Cambodians who may be struggling with adversity?
5. Have you experienced times of feeling hopelessness or being hopeful? Have these experiences changes your sense of optimism? Has your attitude or life perspective changed as a result of these experiences? What has helped to engage a sense of optimism or a positive attitude?
6. Have your priorities about what is important in life changed? Have your rethought how you wanted to live your life? Have your values or goals changes? Were there major turning points for you?

7. Did you discover that you were stronger than you thought? Do you find that you now have more confidence in yourself? Do you find that you have a greater sense of personal strength?
8. Have relationships with your family become more important? Are your family relationships more meaningful? How have family relationships changed for you?
9. Have your family relationships become more important in your life? Are family relationships more significant in your life now? Is there more meaning and value place on your family relationships?
10. It has taken a lot of strength to survive your difficult experiences. Do you find that now you have a greater appreciation for the strength of others who have had a difficult life?
11. After your difficult experiences did you find that you now have a greater appreciation for the value of your life? Is your current life more meaningful and satisfying?
12. Have these difficult experiences changed your sense of compassion for others?
13. Through your work you show the capacity to reach out and help others, has your capacity to ask for help changed?
14. Do you find that you are now more open to new ideas and information? Do you work through problems and difficult situations without giving up? Do you prefer to be more traditional or conservative in your approach to problem solving?
15. Are there important lessons that you have learned as a result of these difficult experiences? What do you see as the most valuable lessons that you have learned? What were some of the key factors/ events/ or paths taken that helped you transform your adversities and suffering into strengths?
16. Is there a desire to share these lessons with others? Do you feel that you have something of value to teach? What do you wish to communicate or teach others about your experience?
17. Has your faith and confidence in Buddha/God/ or other form of spirituality increased? How were your spiritual beliefs affected by your experiences? Did this play a role in helping you endure, cope or transform your suffering and pain? Did a transformation of meaning occur for you? What does karma mean to you?
18. In dealing with difficult situations, what traditional Khmer resources have you found helpful? What recommendations do you have for Western medical doctors and or psychologists that would be helpful for them to know when they are trying to assist Cambodians who have experienced traumatic situations? Do you think that there should be some guidelines about Khmer healing methods?
19. How would you define or describe a resilient, healthy, strong or thriving Cambodian? What do you see as helpful to achieve wellness? What do you see as barriers?
20. The last question that I would like t ask about is your sense of community. Who is a part of the community where you feel safe, understood and have a

sense of belonging? Does being in this group give you a feeling of being part of something larger?

Appendix 3:

Debriefing Information Sheet

Thriving Post Interview Debriefing

This portion of the interview process is designed to minimize uneasiness caused by the questions during the research interview session. The most essential aspect of this concluding process is for the researcher to communicate sincerity and sensitivity in relieving any discomfort experienced by the participant. The primary goal of the debriefing process is to be certain that the research participant does not leave with greater anxiety or lower self esteem than prior to the research interview. A sensitive and thorough debriefing will be an essential component that occurs immediately after the research interview.

The researcher will begin by providing a clear and detailed explanation the purpose of this study. Following a review of the intentions and potential benefits of the study, a series of questions and feedback will be initiated.

1. The researcher will ask if the participant has any questions about the study.

It is sometimes difficult to tell if research participant feels embarrassed or uncomfortable after the debriefing. This is especially true in Asian cultures where being indirect about revealing feelings and or "saving face" by being a good sport or help the researcher "save face" by pretending to be in good spirits while feeling uncomfortable. To avoid such pretenses, the researcher will provide an easy but indirect way for participants to express any misgivings about the research process that may make it difficult to reveal true feelings to the researcher. A good way to encourage the participant to reveal any lingering discomfort or uncertainty is to solicit suggestions for improving the research.

2. Do you have any suggestions for improving the research?

The researcher is prepared to offer clinical referrals for any participants with continued discomfort or anxiety following the interview.

The debriefing session will also be used as a way of clarifying the value in the opportunity to have an exchange of knowledge between the researcher and participant. It will be explained that the research investigator is learning from the interview about social behavior and learning processes that will be used to help others. The participant will be thanked for their time and participation and given any additional information requested or needed regarding the research focus.

Biographical Sketch of the Author

Cheryl West received her Bachelors degree in Psychology from the University of Oregon in 1994. At the University of Oregon in Eugene, she was involved in several research projects that looked at cognitive development, language acquisition, education strategies for learning challenged, and the biology and psychology of shame. She worked with disabled youth, troubled teens, and homeless youth while in Oregon while teaching African aerobics and tutoring biology students. In California she worked in the medical field as a vascular technician, biofeedback consultant, and medical coordinator. Since 1995 she has worked for the Center for Family, Work, and Community at the University of Massachusetts Lowell. This work includes participation on the Southeast Asian Environmental Justice, CIRCLE, Court Based Child Care Program Evaluation, Coordinator of the Shared Harvest: Urban Aquaculture Initiative, and as project manager of the Community Outreach Project Center. Patterns of resilience demonstrated by youth who suffered so much at a young age and adults traumatized by difficult histories have long fascinated Cheryl. As a single mother of four grown children, grandmother of four, she has survived her husband's suicide, rapes, stalkers, robbery with intended assault, near-death experiences and testifying as a victim-witness in gruesome murder trial.